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LECTURES ON SURGERY,

DELIVERED BY

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ON SURGICAL OPERATIONS.

Tranquillity after Operations — Salutary Moral Excitement — Exhibition of Medicines — Consecutive Treatment of the Wound in different Temperaments and Constitutions — Principles of the Treatment of Wounds and Injuries — Conclusion.

In the concluding part of the last discourse I was occupied in pointing out the great nicety required in the regulation of the regimen of patients who had undergone surgical operations; and I related several cases, and quoted the observations of some distinguished men, in order to impress on your mind the pernicious effects of improper food, not only after operations, but in convalescents from all diseases of an acute or febrile character. I also endeavoured to prove the importance of not giving wine or any cordials during the state of collapse, which is brought on from the loss of blood during an operation, in order that the sufferer might derive the benefit from such depletion, by not only preventing future inflammation of the wound, but from the fear that the re-action produced by the use of stimuli at such a time could not fail to increase the disposition to consecutive inflammation. I have experienced such essential benefit from this rule of practice, that in the Hospital of Surgery, where numerous operations of all descriptions, and on individuals of all classes, and under all circumstances, have been performed, there is no wine ever used, and none even provided in that establishment; and it is a general rule never to give cordials or stimuli but in a medicinal form, which ensures their never being taken in an improper quantity, or at an improper time. The only instance I recollect of having given wine to a patient during an operation, for several years past, was in the case of a youth, who, though very desirous of having his limb amputated from the torture he had endured by the disease, when the moment arrived, and every preparation for the operation was made, lost courage. Having been extremely reduced in strength and flesh, I ventured, as the only means that occurred to me, to give him wine. Such was its exhilarating effects, that he almost immediately submitted to the operation, and bore it with fortitude. Having drunk a whole bottle of a light French wine, he was in a state of intoxication for some hours afterwards, during which time it was necessary carefully to watch the stump, as it was difficult to keep him quiet; but the result was most favourable, for he fell soundly asleep, and never had any subsequent febrile symptom. Most part of the wound united.

Bodily and Mental Tranquillity after Operations.

Patients cannot be kept too quiet after operations, or, at least, until there is no longer a risk of febrile excitement. But even when the danger of fever has passed, the tranquillity of the body essentially contributes to the healing of the wound. If you are in the habit of daily visiting a person who has a granulating wound, you will be struck with some change in its appearance whenever the patient has taken any bodily exercise. He ought, therefore, always to be warned, that however certain his ultimate recovery may be, still the complete repose of the body will limit the period of his confinement. It is the same with regard to the effects of mental excitement, and, therefore, the mind ought to be kept as tranquil as the body. When a person has undergone a severe operation, even the slightest attempt to employ the mind, for purposes which on other occasions would give it no fatigue, will now create great excitement, and this will always be characterized by a corresponding change in the state of the wound. Particular attention ought to be paid to

this part of the after-treatment, and to impress on those around the patient the necessity of keeping him perfectly tranquil, and not indulging in conversation, more paticularly on subjects which are at all likely to agitate his mind. The circumstance related by travellers of some savage tribes secluding their wounded warriors after a battle until they have recovered, even from the sight of a female, is a proof of the importance they attribute to allaying every kind of excitement under such circumstances. When a patient's mind has been much excited, it will generally be found, that besides the influence of such excitement on the wound, the digestive organs have become more or less deranged, and particularly the biliary secretions. In such cases, a large dose of calomel, not less than five grains, uncombined with any other medicine, often produces the most beneficial effects.

Effect of Salutary Moral Excitement.

This abstraction from all mental excitement, must, however, be extended only to a certain period of convalescence. A time will arrive when the patient, who could not endure, without suffering the most trifling subject of conversation, begins to take an interest in objects that are around him, and seeks for the society of those who are most congenial to his feelings, and if care be taken to limit this excitement, it will rather assist than protract his recovery. It is the complete seclusion from all moral excitement that constitutes the punishment of the criminal who is condemned to solitary confinement.

The powerful and reciprocal influence of the mind on the body should never escape consideration in the treament of diseases. You cannot prescribe successfully for the one without deliberating on the circumstances connected with the other. A certain quantity of excitement would, indeed, seem essential to the vigour and activity of the physical frame, and nothing contributes more effectually to the full development of the moral and physical constitution of man than this salutary degree of mental excitement, beginning even from childhood. Young people do not acquire either a high degree of muscular power or of mental energy who are reared and educated in too mechanical or systematic a manner. Hence arises the striking difference which is observable in the youth who has been brought up in the country, and little hampered by scholastic discipline, and he who has had a rigid systematic education, and has been subjected to the confined habits of a large city. You may observe the same influence of moral excitement on the physical frame, by comparing the children of the affluent with the offspring of those who move in the more humble walks of life,—the former having grown up beneath the rigid control of a nurse whose competency and faithful services are measured by the methodical and monotonous habits of those who are placed under her care, whilst the children of persons whose circumstances do not admit of such watchfulness and method, mix in the hourly occupations, and receive all the tender care of the parent,—become interested and excited and recreated by all that passes around them. Hence the body acquires that degree of vigour and strength which is chiefly to be found in that order of the community to which they belong. The children who attend "charity schools" illustrate these remarks very strikingly, and an intelligent military officer, whose duty it is to examine into the physical nature of youths in selecting them for the service of the army once observed to me, that those who were brought up at the "Military Asylum," were of a much more slender frame than such as were selected from mixed society, and this he attributed to the monotonous regularity of their habits at that great national institution, and their non-exposure to a sufficient round of exciting circumstances.

In the rearing of the young, therefore, it becomes as important a matter of discussion, as it does in the management of the sick, to draw the line of demarcation which should mark the length we ought to go, in order so to practise and train the intellectual powers as not to enfeeble the bodily frame, and how far we can employ the physical powers, so as not to deprive the mind of its appropriate vigour, or arrest its due cultivation. This influence of mental excitement is exemplified in convalescents of all ages, and in every situation and condition in life, though it is, perhaps, more striking in soldiers and sailors, from the intensity of the passions to which they are exposed, and the high gratification they derive from the success of their exploits. There are many very remarkable examples in military history of soldiers who, while in a state of great exhaustion from disease, have been suddenly called on to execute some arduous and severe duty, in performing which, their debilitated frames, instead of suffering from the task, have recruited their strength, and that, too, apparently in proportion to the difficulty, fatigue, and danger of the enterprize. It is a remarkable fact, that when a victorious army is advancing through an unhealthy country,

and often undergoing the severe privations which are inseparable from their situation, the sufferings which they undergo are small when compared with those which the soldiers of the retreating army endure. And so it is with sick sailors who have been often known to make the most extraordinary exertions, without injury to their health, when called from the bed of illness, either to join in battle, or assist in saving the vessel from being wrecked. A lieutenant of the navy had from hard drinking rendered himself unfit for his ordinary duties, and was confined to his bed: his ship was placed in imminent danger during a storm: he arose from his couch, and made the most active exertions, during which, both his body and mind recovered their wonted vigour, but when the danger was over, he returned to his bed and immediately relapsed into his former state of insensibility! It is even so with domestic animals,—the sheep who has the greatest range of pasture is the most healthy, and the horse who has to perform the greatest variety of labour and exertions consistent with his powers, is always in the highest condition.

It is from this principle of moral influence, too, that invalids chiefly derive such extraordinary benefit from "changing the air," as it is usually expressed, and hence you should attentively watch for the period of convalescence which is marked by the patient's own desire to effect that object, when it will be highly beneficial for his recovery after an operation, not only to be removed into another apartment, but to some new situation or place, more particularly where he may enjoy the cheerful and salutary air of the country.

Exhibition of Medicines.

Medicines are not, however, to be entirely disregarded in calming the mind, and producing that soothing moral influence which is so desirable after an operation. Of this class of remedies is camphor, galbanum, opium, hyoscyamus, and other narcotics.

The acute pain of an operation, it has already been observed, is to be relieved with *opium*, and that, too, in full doses. Besides giving a large dose of *laudanum* before an operation, and after it a couple of grains of *crude opium* combined with *calomel*, for the reasons formerly mentioned, a pill consisting of one grain of *opium* may be taken every hour subsequently, until the pain is relieved and the patient falls asleep. After the more severe operations, a full dose of *opium* ought to be continued every night as long as its effects are beneficial. It is a mistaken notion, that the free exhibition of opium under such circumstances is hurtful to the system. On the contrary, by alleviating pain, you always mitigate or subdue disease, and thus allow the natural processes to be less interrupted, and the alvine evacuations, as well as the other functions, to be more regularly performed. Indeed, there are many persons on whom a small dose of opium has a most pernicious effect, causing sickness, vomiting, constipation, and a train of distressing symptoms, from its influence on the heart's action; whereas if the same person took a large dose, not less than what is equivalent to fifty or sixty drops of laudanum, no such disagreeable effects would be produced, but a most soothing influence pervade the whole nervous system.

There is an irritable state of mind which may be frequently observed after all the pain and febrile excitement, caused by an operation, have abated. Indulgence in improper food, or a loaded state of the large intestines, is each often accompanied by this state of mental irritability, and goes off on the restoration of the tone of the stomach, or after a plentiful alvine evacuation. This irritable state of the mind seems also to be sometimes the effect of mere debility, and as the body recruits, the nervous system also gains strength. Under such circumstances, more benefit will be derived from those medicines which soothe the brain and nerves, than a stimulating and too irritating regimen; for it must ever be kept in mind, that the digestive apparatus is as feeble in such cases as the muscular and other organs, and though, apparently, nothing but strength be requisite for the complete restoration of the patient's health, yet the feeble state of the digestive organs renders it imperative that more should not be required of them than they can perform well. In place, therefore, of allowing, under such circumstances, *more* food, a *lesser* quantity should be taken than can be comfortably digested when the body is in a state of health. Either the common *galbanum* pill, or a pill composed of one grain of *camphor* and two of the *ext. of hyoscyamus*, or a draught containing five drops of *laudanum*, and five grains of the *carbonate of ammonia* in *camphor* mixture, will often alleviate, in an extraordinary degree, a whole train of most distressing nervous symptoms. Any means which serve this purpose, materially tend to hasten the recovery of the patient from the shock and debilitating effects of the operation. Opium ought to be usually given either in very small or in very large doses. This state of mental irritability, or disquietude, may be subdued by the same treatment, from what

ever disease it may have been caused; and I have often been surprised at the comfort which so small a dose of medicine has thus bestowed on those who have been suffering under a load of most distressing feelings. Anodynes taken in such small doses, and under such circumstances, seem sufficient to allay the morbid sensibility of the nervous system, while they are not so powerful as to affect the intellect. Hence, when, from any moral cause, the mind is unusually irritable, such medicines, while they subdue that state of irritability, do not prevent the mind being occupied by its most important duties. Frequently have I advised a nervous public speaker to take a small dose of laudanum before he commenced his speech; and I once heard a distinguished lawyer declare, that the best law papers he ever wrote, were composed at midnight with a bottle of wine by his side, drinking one glass after another, until the morning dawned, when he was ready to appear again at the bar. His theory was, "that the wine soothed his mind, and abstracted it from worldly cares and excitement, but was not taken in such a quantity as to destroy his logical powers."

The advantages of this temporary excitement of a certain quantity of spirits or wine, are sometimes experienced by soldiers and sailors in the hour of battle, and upon such occasions it has not an intoxicating effect, but when taken in moderation, merely tranquillizes the mind, without diminishing the vigour of the intellect.

It has already been mentioned, that operations sometimes prove fatal, either from the excessive dread which the patient has of the pain he is to endure, or from his fear of the danger of the operation. In such cases, in place of the inflammatory symptoms coming on after the operation, the pulse, which is depressed, never again acquires its usual strength, and the whole nervous system seems to receive a violent shock, from which it cannot recover. Examples of this are often observed after severe injuries and gun-shot wounds. Women sometimes die after parturition, under circumstances apparently similar. When a patient is in this state of collapse, in place of depletion, and the antiphlogistic regimen, it is usual to give cordials. Wine, camphor, ammonia, and opium, are generally employed under such circumstances, and given in doses and at intervals proportioned to the severity of the symptoms.

Consecutive Treatment of the Wound in different Temperaments and Constitutions.

When considering the effects of operations on persons of different temperaments, of different constitutions, and of different ages, some observations were made on the treatment necessary in each of these classes of individuals previous to the performance of an operation. After an operation has been performed on a patient of a *sanguineous* temperament, the symptoms are generally of an inflammatory nature or type, while those persons who are of a *nervous* temperament are more apt to suffer from the shock which the operation gives to the whole nervous system.

Peculiarities of constitution will always require much consideration in the treatment of patients after operations. Wounds heal very readily by adhesion in those who are of a *scrofulous* diathesis; but if the wound heal by granulation, and that process be extremely tedious, the sore sooner or later acquires a scrofulous character. In this state the general system of treatment becomes necessary, which will be pointed out when considering the subject of scrofula.

If, too, an operation be performed on a person labouring under the secondary symptoms of *syphilis*, the wound may heal by the first intention, but it will more probably granulate, and soon exhibit all the characters of a syphilitic ulcer, which ulcer must be treated like other secondary symptoms of syphilis.

When speaking of the *gouty* diathesis, and of the necessity of being aware of its existence previous to undertaking any surgical operation, several cases were mentioned to show, that when a patient of a gouty constitution receives an injury, its effects are generally, sooner or later, modified by that constitution. It was also stated, that there were cases where a person labouring under gout received an injury in some other part of his body, the gout was apt to attack the part thus injured; and hence I deduced the important practical lesson, of transferring the gout from the wound or a vital organ, to a less important part, by producing an artificial irritation in that new part.

The treatment to be employed in gouty constitutions, should any symptom of that disease appear after an operation, ought to consist in the employment of those means which are best calculated to remove gout under any other circumstances. The *colchicum* is here a most valuable remedy, combining it with the *carbonate* and *sulphates of magnesia*; or it may be taken in a common *saline draught*. Fifteen or twenty drops of the wine of *colchicum*, with a scruple of the *carbonate of magnesia*, and two drachms of the *sulphate of magnesia*, dissolved in *peppermint water*, or any of the bitter infusions, may be given once or twice a day, as symptoms indicate.

Five grains of the powder of *colchicum seeds*, with *rhubarb*, is also a useful mode of exhibiting that remedy, and there is an extract of the *acetate* much in use, from which I have experienced the most decided benefit. One or two grains of this extract may either be taken singly or combined with the *extract of hyoscyamus*, or some other narcotic, once or twice daily.

Case.—I operated on a patient for a *Hydrocele*, who had repeatedly suffered from gout, and he deranged his stomach by a plentiful meal soon after the operation. In the evening of the same day, his whole scrotum became very much tumefied, and the skin of a bright rosy colour, accompanied by a white tongue, and a very feeble and frequent pulse. In place of bleeding him, I gave *colchicum*, under which treatment the arthritic inflammation which had attacked the scrotum, was rapidly subdued, and gout affected the great-toe a few days afterwards.

When an operation has been performed, and the wound is attacked with arthritic inflammation, some further treatment, besides these internal remedies, becomes necessary. This chiefly consists in the application of stimulants to a part of the body situated at a distance from the wound, in order to translate gout to that part. In performing operations on the eye, more particularly for the extraction of cataract, a disease which frequently exists amongst gouty people, I am in the habit of applying with the greatest advantage a large blister upon one or both legs, or sinapisms to the feet immediately after the operation, in order to create in the extremities a greater degree of irritation than the operation has produced in the eye. Thus, should any gout exist in the system, that disease will be more likely to affect the limbs than to attack the wounded eye.

Case.—A gentleman had long suffered from arthritic inflammation of his eye, accompanied by severe pain in the head. I recommended him to apply sinapisms to each foot, and being a man of great fortitude, he allowed them to remain on until so violent an inflammation ensued, that it terminated in ulceration of the skin; but the pain in his eyes and head was completely relieved. Some years afterwards, on inquiring if he had ever had any return of the inflammation in his eyes, he answered with a smile that the sinapism had completely and permanently relieved them!

Case.—I operated on a lady for *Cataract*, and the inflammation which succeeded the operation was speedily subdued by bleeding and evacuants. She had, however, frequently suffered from gout, and at the time this operation was performed, her sister was afflicted with an arthritic inflammation of one of the kidneys. A few days after the operation, a tract of severe easterly wind came on, and she was seized with an inflammation of her eye, of a decidedly gouty character, and which a repetition of the depletory treatment did not subdue. The *colchicum*, with a succession of *blisters*, applied behind the ears and upon the back, completely relieved the gouty inflammation; and I sometime afterwards learnt, that her general health was completely restored, and that she had a very perfect eye.

Besides the use of blisters on the legs, the feet may be bathed in warm water, to which mustard or vinegar has been added. A similar effect of local irritation as well as of depletion may sometimes be effected very beneficially by the application of a few leeches to the feet.

Case.—A lady had a disturbed action of the *Heart*, which caused her much anxiety, and having suffered from slight attacks of gout in her feet, at different periods of life, this together with other circumstances left no doubt in my mind of the arthritic character of her complaint. A few *leeches* were applied to one of the feet, by which the heart's disturbed action was quickly subdued. On the following day the skin of the foot was much irritated from the leech-bites, and an erysipelatous inflammation ensued, which subsiding, gout attacked the foot, and the affection of the heart was effectually relieved.

What has now been said relative to gout applies also to *Rheumatism*. It has already been observed, that it is by no means uncommon for a person who is afflicted with rheumatism, and who at the same time receives some internal injury, to have the injured part attacked by rheumatic inflammation. This also appears after operations, and is more distinctly illustrated in operations performed on the eye than, perhaps, in operations on any other organ, from the circumstance, probably, that the eye is very subject to rheumatic ophthalmia, as well as from the external characters of the disease being very remarkable.

Case.—Some years ago, the lens was extracted from a medical practitioner, who had, unknown to me, very much overheated and fatigued himself on the morning of the day on which the operation was performed. He was soon afterwards seized with rheumatic pains in various parts of his body, and at last the eye became affected with rheumatic inflammation, which yielded (as shall be more particularly explained when treating of rheu-

matic inflammation) to sudorifics and the internal use of *cinchona* combined with *soda* in small doses.

The Treatment of Wounds and Injuries.

The treatment of all wounds and injuries is to be conducted in every respect on the same general principles as have been explained at some length when speaking of wounds made by the surgeon. The hemorrhage accompanying them is to be regulated in the same manner, permitting the wounds to bleed freely in all patients in whom much febrile excitement is to be apprehended,—bringing the divided parts and keeping them together by the most simple means, when reunion by adhesions is desirable,—covering the exposed surface of the wound simply with coagulated blood, when the integuments are either destroyed or displaced,—relieving pain and tension by the repeated application of leeches in numbers, and at intervals proportioned to the extent of the inflammatory symptoms,—and, finally, having recourse to free venesection, with antiphlogistic remedies, whenever there is any general febrile excitement.

When the soft parts are only bruised, and, consequently, no blood has been lost by the injury, local bleeding is in almost every case imperative, and when not sufficient to allay the pain and inflammation, venesection should be freely employed. The subsequent general treatment becomes however the more urgent, as no previous treatment could have been adopted; and hence in injuries of every description, the first measure should be, the local treament of the injured parts; but the surgeon should lose no time in becoming acquainted with every circumstance relative to the patient's previous state of health, and any peculiarity of his temperament and constitution, so that he may not only be prepared to meet with and combat them, but that he may also use every possible means to prevent such constitutional effects from influencing the state of the wound. The same remark applies to all diseases, and every observant practitioner is aware that in inflammatory complaints, after the feverish state has been subdued, a class of symptoms frequently supervenes, which arises from a disordered state or disease of some organ which had existed previous to the febrile attack, and which state requires a separate system of treatment.

Before concluding the observations I have to make on the treatment of patients under operations, it may not be out of place here to notice, that in almost all those diseases over which medicine has the greatest control, and for which rational principles of treatment are established, these principles consist in a more or less strict imitation of the very process which nature herself employs for the cure of the diseases.

Indeed, a due observance of the natural phenomena of disease, constitutes the basis of all sound therapeutical knowledge, and the remedial means we possess, and the principles on which we act in the cure of disease, are nothing else than an imitation of, and are employed in conformity with, those natural indications. Reflect on the mode of treating many diseases, and you will perceive abundant illustrations of the observation now made. It is well illustrated in the treatment I have recommended of wounds after operations, or from accident, where a covering of coagulated blood is the best dressing which can be employed—one which is superior to all sanative ointments, medicated plasters, and complicated bandages! Thus, too, we endeavour to restore the functions of the skin in catarrh—a derangement of the function of the cutaneous system, causing the catarrhal affection. We remove a quantity of blood when there is a congestion of that fluid, and when nature herself may be observed making an effort for that purpose from the nose, the lungs, or the bowels,—and all the means art has contrived to arrest the bleeding of a wounded vessel, are in conformity with, and in strict imitation of, the process which nature employs to plug up a wounded artery. By the exhibition of an emetic, we assist the imperfect vomiting which the system employs to relieve the stomach of improper food, or unhealthy secretions,—and we give purgative medicines when the natural efforts to evacuate the alimentary canal are inefficient. For the cure of aneurism, too, it is on one principle—that of getting the blood to coagulate to strengthen the sac and prevent its bursting, on which all our systems of medical treatment, as well as our operations, are founded. We dress a wound with lint or a plaster, in place of the incrustation of the inspissated pus which nature employs,—and we assist nature in bringing gout to the extremities from a vital organ, by the application of stimuli to the feet.

Concluding Remarks.—Enough I hope has been said to impress on your minds the importance, the difficulties, and the dangers, of surgical operations, and to explain the necessity of acquiring a comprehensive knowledge of medical science, not only to enable you to select, prepare, and afterwards to treat, patients on whom operations have been performed, but especially to enable you to mitigate those

diseases, which, when allowed to proceed uninterruptedly, can only be relieved by the aid of an operation. Nothing indeed can be more reprehensible than the fact of some surgeons presuming to despise a knowledge of physic. Such a sentiment is fraught with evil in the education of youth, and highly pernicious to society.

In concluding these observations on the subject of surgical operations, it may be thought that I have been too tedious; but due attention to, and minute acquaintance with, everything relative to this subject, will be of the greatest use to you in future practice, for there is no author to whom I can refer you, who has treated, in so comprehensive a manner, on these points, as their importance appears to me to merit. Indeed, I am fully persuaded that many of those operations which are every day perfectly well performed, and which, nevertheless, prove unsuccessful, owe their want of success entirely to inattention to the previous and subsequent treatment of the patient, and to a disregard of those peculiarities of individual temperaments, constitution, and system, which I have endeavoured to point out in the preceding lectures.

ON THE INFORMATION AFFORDED BY

THE STETHOSCOPE

IN DETECTING THE PRESENCE OF

FŒTAL LIFE.

By THOMAS M'KEEVER, M.D., *Master of the Coombe Lying-in Hospital, Dublin.*

THE possibility of our being enabled, through the medium of the stethoscope, to decide respecting the vitality of the fœtus during its intra-uterine portion of existence, has been altogether denied by some practitioners, while by others it has been received with no slight degree of hesitation. It therefore becomes desirable that the matter should no longer rest on loose and unsatisfactory grounds, but that it should, as far as possible, be established on the solid basis of fact and experiment. This, it is obvious, is a question, not of mere speculative interest, but one of considerable practical utility, particularly as regards the discrimination of abdominal tumours, the result of pregnancy, from those occasioned by ascites, diseased ovary, and a variety of morbid causes. Respecting its influence on the management of tedious and laborious labours, I am willing to admit that too much stress has been laid on the audibility of the fœtal heart as a guide in the employment of instruments. In such cases it is obvious that recourse is had to such formidable expedients, not altogether with reference to the infant, but with the distinct view of securing the life of the parent, which we conceive to be endangered by the further continuance of the parturient efforts. Thus, we shall suppose a case of no very unfrequent occurrence, namely, where a pulseless, putrid, umbilical chord becomes prolapsed before the head. Here we have a positive certainty of the death of the infant; yet if the labour advance favourably, and the constitution of the patient do not appear to suffer, the mere duration of the process beyond a certain number of hours, would not, I conceive, warrant interference. Instruments, however ingeniously contrived, however dextrously applied, are still an evil, and are only to be thought of with the view of meeting one of still greater magnitude. At the same time I feel satisfied that cases of hemorrhage, convulsions, &c., will occasionally present themselves, where, in consequence of the information furnished by the stethoscope, an earlier interference, either by the forceps or the lever, would be justifiable, than if we were deprived of that mode of ascertaining the life of the fœtus.

In puerperal convulsions, a recurrence of the fit most commonly proves fatal to the child; but if satisfied from the pulsations of the fœtal heart that it still lives, and that the passages are dilated to their full extent, the pelvis being at the same time well formed, and the bulky part of the head sufficiently advanced, it is our bounden duty to expedite delivery, provided, of course, such means be employed as are consistent with the safety of the mother.

Having premised these few observations, I beg to submit to the profession the following cases illustrative of this curious and interesting subject. They are extracted from the ward-book of the Coombe Lying-in-Hospital; and have been witnessed by Mr. O'Hara, the resident assistant, as well as by a large class of intelligent pupils. In some rare cases I should observe, that notwithstanding the utmost care and attention, no pulsation whatever could be detected in the fœtal heart, and yet the children have been born alive. This was probably in part owing to the large quantity of liquor amnii with which the fœtus happened to be enveloped,—partly to the position the fœtus may have assumed in the uterus,—and, in some cases, perhaps, to its having been in a state of torpidity, such as we fre-

quently observe to occur among many of the lower animals.*

Case 1.—Eliza Canna, admitted July 3, 1833, in labour with her first child. Waters not yet discharged; pains slight; placental soufflet diffused over right iliac and lumbar regions; fœtal heart 130; heard distinctly in left umbilical region; pulse of mother 90.

Twelve hours after admission:—Waters have gradually drained away; head has entered pelvic cavity, with face towards pubis; funis prolapsed at anterior part of os externum. Child born alive.

Case 2.—Mary Grant, admitted July 4th, her first child. Membranes unbroken; placental soufflet in right iliac region; fœtal heart 120, right umbilical region; head has not yet entered pelvis; os uteri slightly dilated; pulse of mother 80. Infant born alive after twelve hours' labour.

Case 3. Eliza Tynan, admitted July 4th. Waters unbroken; placental soufflet very indistinct in *both* iliac regions; fœtal heart 136, can be distinctly heard in right iliac region; pulse of mother 86. Child born alive.

Case 4.—Betty Agar, admitted July 6th, in labour of her sixth child. Waters unbroken; labour pains slight; head has not yet entered pelvis; neither placental soufflet nor fœtal heart can be detected. Infant born alive.

Case 5.—Mary A. Dunne, first child, admitted July 6th. Placental soufflet right umbilical region; fœtal heart left; iliac fossa beating 136; pulse of mother 90.

Case 6.—Sarah Ryan, admitted July 10th. Third child. Seven months pregnant; seized with labour pains the preceding evening; waters unbroken; os uteri not dilated. Says she felt infant move this morning; placental soufflet very distinct in left iliac region; fœtal heart 128, below and to the right of umbilicus. Child survived the birth some hours.

Case 7.—Margaret Johnston, admitted July 20th, her sixth child. Liquor amnii not discharged; fœtal heart right umbilical region 130; pulse of mother 96; placental soufflet could not be heard. Child born alive.

Case 8.—Mary Darkinson, admitted Aug. 13th, in labour with her first child. Membranes unbroken; fœtal heart 120, very distinct in right iliac fossa; placental soufflet midway between left spine of ilium and umbilicus; pulse of mother 82. Child came to the world alive in first position.

Case 9.—Eliza Ryan, admitted Aug. 15th, her first confinement. Waters not discharged; slight uterine pains; fœtal heart about three inches below umbilicus, in direction of linea alba, beating 140; placental soufflet could not be heard in any position. Child born alive.

Case 10.—Catherine Doyle, her sixth child. Os uteri fully dilated, membranes entire; head has entered brim of pelvis; examined most carefully in every position, but neither placental soufflet nor fœtal heart can be discovered. After four hours delivered of a living male infant.

Case 11.—Biddy Cassidy, admitted May 4th, in labour of her second child. Os uteri dilated to about the size of a shilling; fœtal heart 130, heard distinctly over pubis, and in a direct line from that to umbilicus; placental murmur dull in right iliac fossa. Child delivered alive in second position.

Case 12.—Catherine Thompson, admitted April 29th, in labour of her second child. Os uteri high up, and but slightly dilated; placental murmur indistinct in both iliac regions; fœtal heart between right iliac fossa and umbilicus. Delivered in about twelve hours of a living male child, which came in second position.

Case 13.—Mary Cooke, admitted April 30th, in labour of first child. Waters discharged several hours; head pressing on perineum, posterior fontanelle being placed towards left foramen ovale; fœtal heart distinct between right iliac fossa and pubis; placental soufflet in left iliac fossa. After a few pains delivered of a living female infant.

(*From my Private Case Book.*)

Case 14.—Mrs. C., Patrick's Close, the mother of several children. Has been affected for the last eight months with cough; pain of right side; profuse expectoration; light perspirations, and extreme emaciation; becoming more feeble every day. During last two months she has observed a progressive enlargement of the abdomen, extending from below upwards, but is not conscious of any feeling of motion.

Examination with the stethoscope, assisted by Mr. O'Hara; placental soufflet cannot be detected in any position; fœtal heart heard distinctly in left iliac fossa, about 130; pulse of mother 110. She

* How long the fœtus in utero can survive the absence of pulsation in the umbilical chord, has not been satisfactorily ascertained. I have assisted at one case of breech presentation, with prolapsed funis, where no pulsation whatever could be detected for fifteen minutes, yet the child was born alive. Was the circulation interrupted in this case?

sunk gradually, but no examination of the body could be obtained.

Case 15.—A lady, who had contracted a private marriage in the north of Ireland, came up to town, and requested my advice under the following circumstances:—The menses have been suppressed for the last six months, and about two months since she observed slight enlargement of the abdomen, which has continued to increase, so that it is now quite apparent. She was sick occasionally in the morning at the commencement, but now enjoys better health than she has done for some time. The mammæ are slightly distended, but the areola round the nipple has not undergone any alteration. Is not conscious of any feeling of motion.

Examination with the stethoscope:—Fœtal heart exceedingly distinct in right iliac fossa; placental murmur on left side about two inches below umbilicus. This lady has since been confined with a daughter, which she is now nursing.

68, Marlborough Street, Dublin,
Aug. 21st, 1833.

PROFESSIONAL REMINISCENCES.

By SAMUEL GOWER, *Esq., Surgeon, Wycombe.**

DYSURIA FROM DEFORMITY AT THE GLANS PENIS.

A CASE once fell under my care, in which there existed a long unsuspected mechanical obstruction to the exit of the urine, owing to an adhesion of the prepuce to the glans penis, accompanied by some degree of constriction of the os urethræ. The former, as I am inclined to believe, was partially, if not entirely, the result of a casual complaint, from which the patient suffered three or four years before he came to me. From this period he dated an aggravation of his sufferings from dysuria. He had from infancy been a sufferer from the same cause, so that there must have been more or less of congenital malformation. He applied to me, in the first instance, for medicines to relieve dysuria. From such remedies as I prescribed for him from time to time, he good-naturedly professed to derive benefit, though from the nature of his case this must have been a misstatement. It was not till after some time that I proposed an examination, and ascertained how matters were. He had been elsewhere for medicines before he came to me, which did him as little good as mine. The urine came away either *stillatim*, or in a minute uncontinuous stream, through a straw-like and tortuous aperture, which would not admit the passage of the smallest probe. The os urethræ itself was not discoverable. The prepuce which, on a superficial view, presented a natural appearance, was found inwardly adherent to the glans. Having detected the cause thus far, I recommended an operation, to which he submitted. Having pulled back the prepuce, and caused it to be kept on the stretch, I passed a lancet through the centre, with the same movement cutting through the prepuce on one side, and then proceeded to remove the other portion. From ten to twelve ounces of urine flowed away in a full stream immediately after the operation. This had not been purposely retained, as he always had been compelled to employ a great length of time in partially emptying the bladder in the manner before described. A piece of bougie was kept in by tape, to prevent subsequent maladhesion. The impediment was thus removed by a species of inward circumcision, of which no outward and visible sign remained after the parts had healed, and the painful condition from which he had suffered for years, was thus in a few seconds finally relieved. A portion of the lip of the orifice of the glans was sliced off with the excised portion of prepuce, but the cohesion of parts rendered this inevitable, and no ill consequence ensued. Either death from diseased or ruptured bladder, or the formation of a fistula vesicaria, or other intractable complaint, would have terminated, in all probability, this case of dysuria, had it been unrelieved. I met many years ago with an instance of this species of fistula of fourteen years' standing, in which the urine oozed away from fifty or sixty openings in the perineum.

PHYMOSIS.—DISEASED SINUSES.

I have had opportunities of remarking the extreme necessity of operating, in certain cases, for phymosis,—an incidental complaint which may generally be subdued without it. I have witnessed examples of its existence to a considerable extent in children, as the result of congenital elongation and tenseness of the prepuce. I was once witness to a case of phymosis attendant on venereal disease, in which the glans penis was absolutely sloughing away—its substance dissolving, as it were, into pus—for want of one of the simplest operations in surgery. Maladhesions and diseases of many kinds arise

* Some other papers thus entitled were published in former volumes of THE LANCET.

from not timely laying open the diseased sinuses in which pus is secreted. While a practitioner is coquetting with such cases, the parts are becoming extensively undermined, and the mischief may go on till it is irreparable. In cases of incomplete fistula in ano, I have found the common probe-pointed bistoury an ill-adapted instrument for performing this operation. A probe-formed sheath to a concealed two-edged bistoury, introduced from the perineum to the termination of the sinus, the bistoury then pushed forwards into the rectum till it becomes obstructed by a bougie * previously introduced a few inches up the rectum, and the sinus then laid open by withdrawing the bougie and bistoury together,—would constitute an operation which, carefully conducted, would occupy little time, give little comparative pain to the patient, and be performed effectually. The common bistoury is the one usually employed in country practice. I do not know whether an instrument of the kind above described has or not been proposed or used.

SEVERE INJURY FROM FIRE.—OPIUM.

I mention the following case of severe and fatal injury from the effect of fire,† as furnishing one more to the many anecdotes of opium on record. The age of the sufferer, a female, was about nineteen. The chest and the higher and middle regions of the abdomen were uninjured, but the pubic and pudendal integuments were so disorganized and destroyed, that they might have been scooped out piecemeal. The whole of both lower extremities was completely baked, and the knees were stiffened and almost reduced to cinder. There was also an extensive destruction of the skin on the back, neck, and arms. The external applications were *ol. terebinth.* to the lower extremities, which were rendered destitute of sensibility by the action of the fire, and simple dressings elsewhere. A drachm of *tinct. opii* was given her in a draught every four hours, the sole effect of which was to cause a diminution of pain. She survived this accident fourteen days. To the circumstance of the vital parts not having been proximately injured by the flames, as also to her youth and strength of constitution, she was indebted for this prolongation of her life. At the same time it may be considered in some degree owing to the antagonist stimuli of pain and of opium, which had the effect of keeping on the alert the vital powers. The dose was regularly repeated at the end of every four hours, and thus no reaction suffered to take place. There is an extraordinary instance on record of successful treatment, upon the old Brunonian system, of a patient who had swallowed a large quantity of laudanum, by keeping up a course of stimuli, beginning by administering brandy, afterwards wine, and gradually lowering their dose and strength. I believe it was well authenticated. The account is to be met with, I think, in a volume of *Medical and Philosophical Transactions*, published nearly half a century ago. The experiment was a bold, and, I should be inclined to pronounce it, almost an unwarranted one, although it appears to have been, in this instance, justified by its success.

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* Such a bougie as I have described in a former paper; the one invented and used by the late Mr. White, of Bath. I have met with no other rectum-bougie fit to be employed for this or any other surgical use.

† EXTINCTION OF FIRES.

The late fire in London, attended with such unusual and deplorable loss of life, leads me to commit to paper an idea which on trial may possibly prove useful. Hydrogen gas had been procured, by burning coal, sealed up with clay, in tobacco-pipes, and on this small scale exhibited in a state of combustion, by way of experiment, for many years before it came into practical use as a substitute for lamp oil. I have found that a parlour fire is much sooner put out by throwing on it any kind of effervescing mixture charged with carbonic acid gas, than by the same quantity of water. A moderate stream of this gas directed against the flame of a candle, will dim the light and speedily put it out. A bit of lighted paper held over any liquid which evolves carbonic acid gas, will soon cease to burn. It is known, in short, to almost every child in the present day, that flame soon becomes extinguished in an atmosphere consisting of this species of gas. Could we make this gas the means of controlling the evil agency of flame, when it becomes hostile and destructive to life and property, it would form a useful practical antithesis to that with which streets are lighted. It is true that we could not put out a church in flames by emptying a bottle of soda water upon it, but neither could our streets have been lighted up by tobacco-pipes. I am not inclined to consider the effectual employment of carbonic acid gas for this purpose an utter impossibility, even though many experiments should be tried, and many for a while should fail. I may take a future occasion to dilate upon this subject. A heap of chalk shot down into the interior of a house on fire, or otherwise conveyed into any of its apartments, and a carboy or two of vitriol smashed over it, might produce enough of this gas so to damp the ardour of the flames, as to give more time for the rescue of property, and to limit its extension to adjoining houses by abating its violence. A cheap kind of soda water (hybernice aubauditur) manufactured from chalk or marble-dust and sulphuric acid (diluted), might be pumped upon houses on fire out of engines lined with lead interiorly. Copper cylinders of large size, containing a solution of common soda or potash, into which seven or eight volumes of gas have been pumped, might be made to jet their contents spontaneously upon houses in flames. By these or other better-considered methods, carbonic acid gas might perhaps be employed, to arrest the progress of the devouring element and prevent its spread. An effervescing mixture so constituted, either from the nature of its materials, or the mode of combination, as not to evolve gas too suddenly and transiently, might be employed.

DELIRIUM TREMENS.

I have repeatedly witnessed the good effect of opium combined with venesection in delirium tremens. In one extreme case which I witnessed, a drachm of *tinct. opii* was given every three hours, and (the pulse being full and strong) blood was abstracted freely and repeatedly. Demons, of which there were some dozens in the room, departed after the fifth or sixth dose. It quieted the system, but this without producing sleep, and the patient entirely recovered. Of the ill effects of hard drinking, this disease, if not the worst, is the most appalling. In another case of this disease, which fell within my cognizance, the patient was the subject of symptoms yet more complex and manifold. * * * * Little imps would appear croaking like frogs in the corners of his bed-chamber, and audibly calling out his name. A master devil, then, in the shape of a black lion, would come and offer him a paper to sign. Doors just recently locked and bolted would suddenly open before him supernaturally. His diseased optics changed, like the wand of Harlequin, every thing he saw into something else, and caused more metamorphoses than ever were related by Ovid. Thus for a considerable time beset by apparitions, he, before long, in the literal sense of the term, prematurely tenanted a world of spirits. Some time before his death, he recovered the use of his mental faculties, and led a strictly temperate life. His character experienced a total change, but his constitution did not long outlast the shock of this attack, accompanied, as it probably was, by organic disease.

TETANIC AFFECTIONS.

In tetanus and in tetanic affections in general, as in delirium tremens, opium is the sheet-anchor of the practitioner. Tetanus arising from uterine irritation forms an exception to this rule. It is a less dangerous complaint when arising from this cause, and, unlike tetanus arising from wounds or otherwise, admits of the use of the warm-bath. I have met with cases illustrative of this position. In one instance, locked-jaw had existed for hours, and the jaw became relaxed while in the bath. This case occurred during pregnancy. I have lately also met with a case of convulsion which came on suddenly during an intermission of labour-pains. The patient was upwards of forty years old, and it was her first labour. A most ominous degree of strabismus occurred also suddenly, and she became quite insensible. I immediately took a pint of blood from a large orifice in each arm, which had every desired effect. The blood abstracted was tenacious and thickly buffed. Labour-pains soon returned, the child was born alive, and she had a very good getting up. There can be no doubt in this case but that mischief was going on in the brain, which, if unchecked, would have speedily terminated in death. Such cases are the more alarming, because they generally come on unforewarned, and are not unlikely to occur, as in this instance, during the temporary absence of the practitioner. I have recorded two or more similar cases similarly treated before. This last constitutes a fresh testimonial to the necessity of so treating them. Patients labouring under this symptom always bear well the free and ample abstraction of blood.

MALIGNANT CHOLERA. — STIMULANTS, CALOMEL, AND COLD WATER. — CONTAGION.

It is delightful to perceive the quick weak pulse of petechial typhus fever rally from the effect of stimulants, and become slower, softer, and more full. It is no less so to observe the same effects succeed to venesection in enteritis, at that state or stage of the complaint in which the propriety of bleeding, owing to the semi-collapsed state of the arteries, may have previously been doubted. But in malignant cholera no remedy or course of treatment has had such a direct sanative effect as to enable us to say with certainty, that the recoveries of those who have got well have been attributable to it. The shade of mystery which hangs over this complaint is nearly as dense as ever. When a medical man goes for the first time to visit a cholera patient, he may expect, as usual, to have to cope with disease, but if the malignant stage be confirmed, he will find that he has to cope with death himself *propriâ personâ*, accompanied by more than all his usual *cortége* of attendant spectres. We have had only three cases in this town and its immediate neighbourhood, though at Marlow, five miles distant, many deaths occurred. It fell to my own lot to attend the two first of these, and I had an opportunity of witnessing the third. I shall condense into as short a compass as possible the symptoms and treatment, the disease having been frequently and well described in THE LANCET.

Case 1.—In the first case the patient was pulseless, tongue and breath cold, &c. at the onset of my attendance. I gave *diluted tinct. opii, brandy, sp. menth. p., calomel*, and found the stimulant system do no good, either temporary or permanent. The woman died in a few hours.

The effect of this mode of treatment, so far from producing relief, was manifestly injurious. The thirst, jactitation, and general sufferings of that patient, were increased by it.

Case 2.—The next was a similar case, in which the malignant stage was also confirmed. The patients were both mothers of families. I had attended the latter in three confinements. In this case I attempted to bleed from the arm; about twenty or thirty minims of sanious blood oozed out, and curdled into a dark clot immediately. As this was the first case that had occurred in the town itself, I thought it expedient to call in two other medical practitioners, one of whom suggested a trial of Dr. Shute's plan of treatment by *cold water*, with which was combined the administration of *hydrarg. submur.* in ten-grain doses, every half hour. The cold water certainly appeared to act as a sedative. She drank it willingly, though not eagerly; she suffered, apparently, very little, but died in a few hours. There was no rejection of the water from the stomach. In this instance the colour of the face and lips was rather of a deep purplish hue than directly blue.

Case 3.—The third case was that of a child, who fell under the care of the gentleman at whose suggestion Dr. Shute's plan was tried. In that plan, he, with a steady and praiseworthy pertinacity, persisted in the treatment of this case. The malignant stage was not so far advanced as in the former cases, but there was no definite pulsation at the wrist, and the eye was sunk, and surrounded by a livid circle. The child would greedily drink a large draught of cold water, soon afterwards bring it up from the stomach, lie down exhausted, and before long call for water again. This process went on with almost clock-like regularity. The observation of it was like watching the movement of a machine. She recovered, but very gradually. It was more than forty-eight hours before pulsation could be distinguished at the wrist. There was little or no consecutive fever. Small doses of *calomel* and a *slightly stimulant mixture* were also given. I could not well cite one instance of treatment by cold water without introducing the other; and I know I shall be excused by the gentleman attending this last case for the imperfect detail of it which is here recorded. A local board of health was assembled; and, at my recommendation, the bed and bedding of the patient who died in the town were burnt, and the house was whitewashed, &c., at the parish expense.

As the *post hoc*, if not the *propter hoc*, of this precaution, no other case occurred in the town or near it. As long as there is a doubt on the question of contagion or non-contagion, it is best to be on the safe side. Some writers have not sufficiently considered that it may be both an epidemic and a contagious disease,—that its mode of propagation may be twofold. In reasoning on the mode in which typhus fever communicates or extends itself, similar difficulties arise. The course of cholera round our earth has been as stealthy, but as sure, as a shadow on a dial. According to the French statistic caculation, it must have travelled in one direction at the pedestrian pace of about four miles an hour. Of the method of its itinerancy we know nothing certain. If solely epidemic, however steady may have been its general progress, how capricious has been its course! If solely contagious, how very subtle and how infinitely diffusible its virus! Anatomy has done little to elucidate its effects, and though chemistry has done much to detect its cause, and its effect on the blood, it seems to have been studied in vain. What the meteorologist and astronomer have said, is all conjectural. The geologist will probably do as little, though the nature of the strata and substrata of the soil in different localities has, I believe, been hitherto unconsidered with reference to this disease. If it arise from exhalation from the earth, the emission of the noxious vapours would vary with variations of soil, &c.

My own treatment of cholera, should another case occur to me, which God forbid, would be, mainly, upon the system of Dr. Shute. His theory is good. I should be inclined, however, in many cases, to substitute cold brandy-and-water, very weakly mixed, instead of plain cold water. As the object is to induce or to foster reaction, the less advanced the malignant stage the stronger it might be made. Rapidly as this complaint runs through its several stages, there is no one point of its progress in which precisely similar treatment is required. Opium and brandy in full doses will subdue premonitory diarrhœa. In less quantities they may restore reaction when the second stage is commencing. In the worst type of the confirmed malignant stage the vital powers are so weak, that if the continued stimulus of cold water* be inefficient, every stronger stimulant will, in my

* Dr. Shute speaks of cold water chiefly in the light of a suitable stimulant, I believe. Of its utility there is little room to doubt; and if useful, may it not serve the purpose, in some measure, of perpetuating a supply of serum to the blood? It appears to be most useful, however, in those cases in which it induces sickness, and is rejected by the stomach. One great thing in its favour is, that it is so grateful a remedy to the patient.

opinion, prove equally invalid, and, more than this, be likely to prove deleterious by increasing needlessly the thirst and sufferings of the patient. It would on the whole appear, that in no stage or state of cholera can the total omission of calomel be right. It is in consistence with Dr. Shute's own theory that the strength of the stimulus should be proportioned to the strength of the vital powers. In keeping with this theory, as it cannot be right in any case of confirmed malignant cholera to give *Herculean* doses of laudanum and brandy, especially undiluted, so there will be different degrees of prostration of the vital powers, which require stimuli, of strength variously graduated accordingly.

CASES SIMULATING MALIGNANT CHOLERA.

Nor do I reason thus from theory only. I have met with two cases in my practice which bore some analogy to the cholera* in its confirmed stage. In one of these, great prostration of strength, weak powerless pulse, death-like syncope, altered voice and countenance, supervened on uterine hemorrhage. The fluid I administered was weak cold brandy-and-water. The same constant thirst, eager swallowing of liquid, and speedy rejection of it by vomiting, occurred alternately, as in the case of the child who recovered from cholera. In another case of pure debility, which occurred in a young patient two years subsequent to a hair-breadth recovery from petechial typhus fever, I found weak cold brandy-and-water by far the most suitable stimulant. In that case the patient, after having at any time been asleep for longer than half an hour or forty minutes at a time, became covered with beads of cold clammy perspiration, accompanied with a deadly whiteness of the lips, and on awaking would appear in an almost dying state, from debility. I accordingly had her aroused from sleep each time before this crisis approached, and gave her a dose of the weak stimulant above named. This state of the system lasted several days, and it was only through attention to this plan of treatment, and as the effect of constant care and good nursing, that she retraced her steps backwards from the gates of the grave. Many cases occur in which the life of a patient depends upon the same attention, day after day and night after night, on the part of a good nurse, as it is customary to pay to a woman the first night after a confinement. A few hours' remissness, and the vital powers sink irretrievably; the patient droops unawares into the arms of death. The periodical administration of stimulants formed the basis of her treatment.* She recovered from this state after a protracted struggle between life and death of some weeks' duration.

* I am disposed to believe that a kind of sub-Asiatic cholera preceded this complaint and lingers behind it.

SCARLATINA; SUPPOSED FROM EXPOSURE TO SMALL-POX.

I ought not to omit to mention a case of scarlatina which occurred under rather unequal circumstances. No other instance of this disease occurred in the town in which the patient, a medical man, resided, for six months, certainly, nor, as I believe, for a twelvemonth or more previously or subsequently, and it was of so severe a type, that his life was despaired of for many days. The cause to which he himself ascribes it, was his attendance, before his illness, on several small-pox patients, and on one in particular, at whose house the factor of this disease had a very powerful effect on him, which he could not shake off for some hours after he had left the room. His opinion is, that having had the small-pox by inoculation, the contagious miasma of the disease, unable to reproduce itself in his system, generated scarlatina, and thus constituted the actual *fomes* of his complaint. Only one other direct cause could be suspected. A lower extremity, which had remained under hand rather too long, was in the course of dissection in his house. It was that of a child about eight or nine years old, who *might* possibly have fallen a victim to scarlatina. In opposition to this mode of solution, must be taken into account the fact that several other persons equally exposed to contagion from the same cause, were unaffected by it. The probability of scarlatina being self-generated, must also be taken into account. It is an opinion, however, which he feels unwilling to forego, that his complaint originated in his exposure to the contagious effluvia of small-pox, the effect of which upon his olfactory nerves and system was so marked and oppressive. Before this doctrine of his own private sensations can be admitted, other collateral examples of a like substitution of one contagious disease as

* Where stimulants are required, it is a great point to administer them periodically, and to augment or lower their strength by carefully graduated degrees. Free ventilation and an equable temperature are important in most complaints, and (except in hot summer weather, or where the room is too small to admit of it) a small fire kept constantly in the chamber is subservient to both these purposes.

proxy for another, must be adduced, or his opinion be suffered to pass by as an error of imagination.

JOSHUA BROOKES.—MEDICAL REFORM.

These reminiscences being committed to paper at various times, no coherency between one paragraph and another can be expected. I am now about to indulge in the recital of a reminiscence of a different character to most of the foregoing. Any anecdote of a man who was generally acknowledged to be one of the first anatomists, if not decidedly the first, in Europe, will possess some interest.

My personal knowledge of the late Mr. BROOKES was only casual. I went on one occasion in company with one of his own pupils, and a student or two from the Borough, to see his dissecting-room and museum. Mr. BROOKES happened to come in while a fellow pupil of mine from St. Thomas's was handling a Carribbee skull, and regarding it, as Mr. BROOKES appeared to suppose, with somewhat too affectionate an eye, he said, "I would not wish to interrupt you, Sir, but I always tremble when I see a gentleman who is unknown to me, making too familiar with my preparations. You know that among ourselves we always consider these things fair game." He uttered these words with the utmost *bon-hommie*, but not without an amusing dash of trepidation. I need not take the pains to assert, that my friend ogled the Carribbean lady's cranium, without any design of committing the crime of abduction.

The anecdote would be a trivial one, but that there is a tragic side to the portraiture; it has not only its lights but its shadows. With such feelings as were thus, in the ebullition of the moment, displayed by him, with reference to one individual specimen, how galling to his mind must have proved the sale and the dispersion to the four winds of heaven of his whole collection, the fruit of his industrious researches, the result of the ceaseless labours of a long life passed in scientific pursuits! Yet, such was his fate. At his death, the most illustrious of many victims to a bad system (to use the terms of common parlance) ceased to exist. When that Scottish law is spoken of in the *Heart of Midlothian*, which regarded the concealment of the birth of any illegitimate child not forthcoming on demand as equivalent to murder, the saddler's wife makes the whimsical but pertinent remark, that if the law makes murders, the law ought to be hanged for them. The crimes of men have till of late been punished, while the crimes of systems have escaped with impunity. This is a reforming age. Not only now are bad men executed for crimes, but bad systems are as unsparingly brought to the scaffold. Mr. BROOKES's interests clashed with those of the oligarchy who constituted the Council of the College of Surgeons. With them the promotion of science, and the patronage of real merit, have ever been secondary objects. Men of first-rate abilities have frittered away their lives in indigence and obscurity, while from the chances ties of kindred have been fabricated ready ladders to promotion for men of inferior intellectual and scientific powers and attainments. A lantern has latterly been intruded here and there into the dark corners of their habitations, and they are kept more in awe by the fear of exposure and the force of public opinion. Mr. BROOKES found to his cost, to his injury as an individual, and, eventually, to the detriment of science, what species of system that was, and what sort of foes they were, with which he had to contend. Their essential character remains unchanged. A corrupt tree will bring forth evil fruit. There have been many good grafts inserted into the old original stock, but some of the best of these have soon degenerated. The axe must be laid to its root. Nothing less will exterminate the evil. They will of themselves originate nothing tending to do away with the inherent abominations of existing medico-political systems. They have kept, and they will keep, all the power they can keep, as long as they can keep it.

There was a time when anything said of the anomalies of the political world, or of those of that recently persecuted *remnant* of it, the corporate world, or of abuses of any kind and form in their several departments, went for nothing. All the answer to such remonstrances was, either silence, or an insultingly candid reply, of much the following purport:—"It may be or it may be not as you say, but be it how it may, right or wrong, you may as well harangue against the sun, moon, and stars, as against systems as unlikely to change as the firmament of heaven." With like contemptuous feelings, while launching forth their thunders of excommunication against them, *like Jove upon Prometheus with a trembling hand*, the old monopolists of the various medical bodies corporate still affect to regard the reformers. It is true that the councils who confer diplomas, and who enjoy power and wealth in many ways, directly and indirectly, from the sale of them, and those also who, at much cost of time and money, have obtained them, are naturally disposed to set the highest possible value on

them. But let it be remembered by both parties, and by all, that their value is conventional, not actual. Their value, like the elective franchise of Gatton and of Old Sarum, may soon, and will before very long, cease, suddenly and altogether. To foster the giant infancy of a new and incorrupt system, like that of the London College of Medicine, is more truly creditable now, will be more conventionally honourable hereafter, than to support the tottering pillars of an ill-built range of edifices, whose walls are prematurely falling into decay.

All this is perfectly apropos to the mention of the name of the late Mr. Brookes. No more grateful tribute could be paid to the manes of this great man, than one in which the prospective removal of the evils from which he was a sufferer, should form a leading feature. He has left us; we have no longer the benefit of his manly and straightforward arguments to support our cause; but he has bequeathed us his name and fame as a stanch medical reformer. On how different and how insecure a footing stand the opponents to medical reform! If Mr. Green, with his "descensive circle," should be known at all to posterity as an exceedingly good anatomist and dull lecturer, his name will not fail to go down also, in a "descensive circle," to posterity, as that of the greatest pedant of the age in which he lived. All the objections to the London College of Medicine which I have met with, hinge upon the principle of a selfish expediency; they are founded on no broad basis of a regard to public utility. Mr. Green's tirade enjoys the *corporate* privilege of being not only always absurd, but in many passages almost wholly unintelligible. The conduct of Mr. Brookes in immediately joining the London College of Medicine, upon the first intimation of its projected existence, speaks a language sufficiently plain and clear. It is much to be regretted that he did not live longer, that the satisfaction of witnessing the completion of a new and better system of things was denied him. He lived long enough, however, to see much done, and to aid in doing it. Medical reform may suffer awhile from the rancour of its foes and the coolness of its friends, but the "descensive circle" will be broken in upon before long. Some part weaker than the rest will fail first, and a thorough regeneration of the system will follow. The courtly hypocrisy of most of the opponents of reform (to do justice here to the only name mentioned in terms of disparagement in this or any other of my papers), stands on a far less respectable moral footing than the sincere pedantry of Mr. Green. In a war between contending systems, let every man have chivalry enough to fight fairly. It is no pleasure to me to employ for one moment a pen dipped in the gall and wormwood of satire and defamation, but to defend truth is a duty, and it is sometimes no less so to carry the war into the enemies' territory. Whatever I may, at any time, have said, which has at all verged on personality, has not been said anonymously.

But to return to the subject of medical reform. The late Mr. Edward Grainger, as I may venture to assert from my recollection of the tenor of conversations which I, in my old and pleasant days of pupilage, held with him, would have joined heart and hand in the same cause which I am advocating, had his invaluable life been spared. I will not put myself to the pain of supposing so improbable an event as that his mind would, by a longer intercourse with society, have become warped into a more worldly bias. No lecturer ever possessed so entirely the affections of his pupils, or stood higher in their esteem than he did. As one of his pupils, I am ever glad of taking or making an opportunity to express such sentiments of him. He lives embalmed in the grateful memory of every one of us. That he was fully sensible of the evils of that system to which he himself nearly became a victim, there can be no question.

With respect to the nature of the reform required, the more partial and less sweeping it may be, the more unjust will it be in itself, the less beneficial to the community. Personal dislike to individuals who favour the London College of Medicine, cannot so blind the enemies of reform, but that they must see and acknowledge the beauty and simplicity of the principles of that institution. What science and what the public good require, is, the establishment of a Faculty of Medicine, in which should be included all persons qualified to practise in the medical profession, and which should exclude all others. The greatest man of modern times* was too clear-headed and too intolerant of "descensive circles" to sanction any other than such a system. By such a system science would be best promoted and the public best protected.

The contents of this paper have deviated somewhat from the promise of their title as "professional reminiscences," but there is nothing in them which has not been distilled by a lawful process from the alembic of memory. It was without premeditation that I was led to commit to paper the foregoing record of my sentiments on the

* Napoleon.

subject of medical reform, and for this I frankly apologise, if apology appear needful. Of the papers published under the above title, this will probably be the last. They have consisted, in the main, of matters of fact, some of them of a not uninstructive kind, and display at least the negative excellence of containing little of hypothesis, little of the metaphysics of medicine. They possess also another negative merit, that of containing nothing which it was my duty to refrain from publishing out of regard to private feelings. I have kept within the needful limits in my choice of cases, and the mode of relating them. Many of them have occurred to me in the course of witnessing or attending public or pauper practice; others that are not so, contain nothing the mention of which is on any account improper. I have made no exposure of that which ought not to have been exposed. Had I not thus limited my pen, I might more entertainingly and instructively have fulfilled the task I set myself. Should others be induced by my example to imitate it and execute the task with equal integrity of purpose, papers of far more worth may thus indirectly owe to these their origin. Useful deductions may be drawn from the observations of medical men in the course of the most limited practice, and useful facts related. Such medical facts as are *not* the *offspring* of theory, are always valuable.

Wycombe, April—August, 1833.

DIFFICULT LABOUR.—SUBSEQUENT DISORDER.—EFFECT OF AN EMETIC ON THE UTERUS.

To the Editor of THE LANCET.

SIR,—Never having had recourse to the treatment adopted in the following case, and never having heard of its employment by others, I am induced to communicate it for publication in your Journal.

A lady of consumptive family and habits, who has had thirteen children in fifteen years, applied to me to attend her in the accouchement of her thirteenth child. During the last eight months she has had frequent severe attacks of indigestion,—loaded tongue, palpitation of the heart, swelling of the face, hands, and lower extremities, sometimes to an alarming extent. She has had bearing down, with some slight prolapsus uteri on going to stool, which alarmed her so much as to prevent her from resorting to the closet for a week at a time; however, by ordering her some gentle aperient medicine, combined with a tonic, and directing her to use a close-stool, sufficiently high to keep her feet from touching the floor, and to sit upright during the expulsion of the feces, she was much relieved, and made tolerably comfortable.

Her labour was tedious, lasting forty-eight hours, but, upon the whole, a natural one, nothing remarkable transpiring. She stated that she had on this occasion done better than usual, and hoped that she should escape the inflammation of the womb which had dangerously affected her in her two last confinements. I remained with her three hours after the birth, and then left her in a very comfortable state, ordering her to take nothing but gruel. In an hour and a half afterwards I was sent for, the husband saying "my patient was dying," an assertion which, on entering the room, I expected would be realized. I found her very pale, and bedewed with a cold clammy perspiration, pulseless, and unable to articulate. I suspected flooding, but this did not prove to be the case. The womb was of about the size of a cocoa-nut. The nurse informed me that, soon after taking some tea, she complained of a violent pain in the stomach and head. Coupling this with my recollection of her former dyspeptic symptoms, I gave her some brandy and soda water, which were fortunately at hand. This relieved her for a time; but in about two hours the symptoms began to return violently. I then determined to give her an *emetic*. My reasons were these:—She had always been violently affected with after-pains, and had been subject to hysteritis, produced perhaps by coagula in the uterus, a bad state of the digestive functions, and general debility. I thence argued that an emetic would not only cleanse the stomach, but the uterus also, and induce healthy action in each. The result was most favourable. She vomited a considerable quantity of viscid bilious matter, and, during the vomiting, the uterus contracted violently, expelling large coagula, and a *netted* (with large meshes) membrane of a dark grumous appearance. Since this, the after-pains have been very slight, the headach and pain in the stomach vanished, and she now states (two days after labour) that she never was so well in a month as she is at present. She has slept well, her appetite is good, and altogether she is quite a different person compared with what she was at any of her previous confinements. The discharge is healthy, natural, and in good quantity. I remain, Sir, your obedient servant,

E. M.

Birmingham, August 13, 1833.

CASES OF

STONE IN THE BLADDER,

CURED BY

PERCUSSION,

BY BARON HEURTELOUP.

With concluding Remarks on the Controversy respecting the Percussor.

To the Editor of THE LANCET.

SIR,—Allow me to transmit for insertion in your journal, sketches of six cases of stone in the bladder, successfully treated by Baron Heurteloup, according to the system of percussion. The case of John Gladdin I have sent you in the original French, and in the epistolary form in which it was addressed by Dr. Heurteloup to the President of the Institute of France. [This case, already in print, we hardly think it necessary to republish.—ED. L.]

I concur with you in opinion, that personal quarrels ought no longer to impede the progress of so useful an art as lithotripsy, and in apology for myself, I beg to observe, that I have never appeared in the field of controversy but as a defendant.

Your correspondent, the "Surgeon," greatly exaggerates the effects of what he is pleased to term my literary labours. Mr. Costello's talents are of too high an order to be "masked" by any efforts of mine. I shall, nevertheless, trespass a moment on your patience, to justify my assertion that Mr. Costello first abused the percussor as inefficient and dangerous, and then copied it. First, I refer to a passage in a letter written by Mr. Costello, 10th March, 1832, to the President of the Royal Academy of Sciences, containing comments on Baron Heurteloup's system of percussion. Vide LANCET, No. 460, page 363, col. 1, line 57 et seq.; from "I wish," &c. to "surprise." Again, in col. 2, page 363, same Number, from "Reason and experience" to "no risk whatever." And again, in the last paragraph of the above-cited letter, from "I avail myself" to "in the negative." The inevitable corollary deducible from these passages is, that at that period (March, 1832) Mr. Costello considered the operation by percussion "as not only defective but dangerous," and invariably employed Civiale's apparatus. On the 16th June following, he is of the same opinion still. Vide LANCET, No. 460, p. 362, col. 2, line 3 et seq., beginning "Leaving the safe," &c. to "250 cases." In June, 1832, therefore, Mr. Costello had not tried the percussor (or at least not successfully), for he still yield the palm to the lithotrite. At this time, however, Heurteloup had successfully operated in above a dozen cases (vide LANCETS). It was not merely to Dr. Heurteloup's particular percussor that Mr. Costello objected, but to the principle of any instrument acting by percussion. Vide passage in his letter to the President of the French Institute, dated 15th June, 1832, and published by him in THE LANCET of 7th July, 1832, No. 462, beginning "I persist," &c. to "the bladder." Also see his reply to Mr. Biggs on the 16th of the same month. Vide LANCET, No. 465, p. 536, beginning "I have seen," &c. to "valuable instrument."

I cannot conclude, without declaring that I have not, and never had, the slightest personal hostility to Mr. Costello, whom I wish to be as successful as his talents are considerable. It is but "an evasion of the patent," to quote the obsolete and useless instruments of Fisher and Weiss,—instruments designed for very different purposes, and acting on different principles. I am, Sir,

Your obedient servant,

D. O. EDWARDS.*

5, Marlborough Place, Walworth,
Aug. 12, 1833.

* As we are resolved that this controversy shall here end as far as our own pages are concerned, we withhold from this letter every sentence which might give occasion for fresh rejoinders, and refrain also from reprinting the long passages in THE LANCET which our esteemed correspondent Mr. Edwards quotes. In this determination we do neither Mr. Edwards nor Baron Heurteloup any injustice. The letters themselves may be found in our back volumes by all who desire to refer to them. After devoting a careful and impartial attention to the facts referred to by both parties, we hope to close the dispute, by expressing our opinion, that Baron Heurteloup was undoubtedly the first person who made a successful use of "percussion" for the cure of stone in the bladder. From whatever source he drew the hint, its perfection by his efforts has been amply proved.

Mr. Costello appears to us to have objected at first more to the employment of the percussor then used, than to the principle of percussion, and to have done so on the ground that the Baron's instrument (as regarded its form and strength) was a defective and a dangerous one. A fatal result in one case, and the dread (since proved to be groundless) of injury to the bladder from flying fragments of the percussed stone, urged him to express this

Case 1.—Mr. J. Webb, soda-water manufacturer, ætat. 51, residing at Islington, of a good constitution, after having voided gravel for about three years, experienced about a year ago symptoms of stone in the bladder. The inconvenience he at first felt was so trifling as scarcely to attract his attention, but soon the pain became so severe and continual, that he was unable to transact his business. He found riding attended with the most excruciating pain, and he could not walk far without equal suffering, and a considerable discharge of blood taking place with the urine. In this state Mr. Webb consulted me, and on sounding there appeared to be two calculi in the bladder of about ten lines in diameter, which were comminuted in three short applications of the *percuteur*. The patient found some difficulty to get as far as my house to undergo the first operation, on account of the pain and irritation which were occasioned by exercise; but when the stones were once broken, immediate relief was obtained, and for the two remaining operations, to use his own words, "he took my house as one of his calls," and after the operation, drove about to terminate what other business he had on his hands for that day. From this we may conclude, that portions of a stone do not always cause *more* pain than the entire stone.

Case 2.—Mr. John Lord, of Manchester, 60 years of age, a constable, of gigantic strength and stature, after four or five months suffering from uneasiness and pain in making water, and finding himself unfit for the active duties that devolved upon him, consulted Mr. Ransome, an eminent surgeon at Manchester, who sounded the bladder, discovered a stone, and kindly recommended the patient to my care. He immediately came to London. I found a moderately capacious and sensitive urethra, but in a soft fungous condition, bleeding at the mere contact of the catheter. The prostate was enlarged, and the bladder powerfully contractile, and containing a stone which appeared of an oval shape, about two inches long and nearly an inch thick. From its large size, it was not very moveable. The stone must have begun to accumulate long before the patient had the least idea of its presence.

In five applications of the *percuteur*, each of about three minutes' duration, this calculus was broken and voided. A considerable quantity of the detritus was unavoidably lost, but what was collected weighed a little more than an ounce and two drachms. It was hard, and composed of lithic acid. [This patient was operated on in the presence of numerous medical gentlemen.]

Case 3.—Mr. J. Forster, aged 63, residing at Bleasby, near Newark, of a delicate constitution, although generally in tolerably good health, had been afflicted with symptoms of stone in the bladder for upwards of four years, and had, previously to this, voided gravel at different times, for thirteen or fourteen years. The symptoms of stone became gradually more and more severe, and the patient consulted Mr. Attenburrow, senior-surgeon to the Nottingham Hospital, who sounded, and felt a large calculus in the bladder.

This patient was presented to me during one of my visits to Nottingham. He had a moderately large urethra, little sensibility, a regularly-conformed bladder, slightly contractile, and containing a large oval-shaped calculus, probably upwards of two inches long; it was hard and heavy, and although it could be moved when the bladder was not in a state of contraction, it was immoveable during the morbid systole of that organ.

Six applications of the *percuteur* were performed, which effected the entire removal of the stone. The first application was made publicly at the Nottingham hospital, before more than a hundred medical gentlemen. The remaining five were performed in London, where the patient joined me shortly after the first operation. These were witnessed by Dr. Faraday, and numerous professional gentlemen.

On the return of this patient to Nottingham, he was sounded by the surgeons of the hospital, from whom I had the pleasure of receiving shortly afterwards a letter, confirming the entire removal of the

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opinion. Since then, Mr. Costello seems to have discovered that sufficient strength could be given to the percussor to render it a safe instrument, and having designed the instrument of which an engraving was at the time published in this Journal, he has since employed percussion with the impression that the process is perfectly secure and highly advantageous. The truth of this opinion has since been fully confirmed by his highly successful practice with the percussor.

At the same time it is right that we should add, that we have the best possible proof before us, in the record of his cases, that the Baron employs a safe and effectual instrument in his lithotriptic operations.—The above statements afford ample means for drawing conclusions on the subject which has so long been debated.—Ed. L.

stone from the bladder, and the complete cure of the patient.

Case 4.—In one of my journeys into Nottinghamshire, Robert Winfield, a shoemaker, sixty-one years of age, consulted me, at the recommendation of Mr. Hickenbottom of Nottingham. I was then on the point of returning to London, and only had time to sound the patient conjointly with Mr. Oldknow, surgeon to the Nottingham hospital. A stone, of about an inch in diameter, smooth and moveable, was distinctly felt, and it was agreed that the patient should come to London in a few days. On his arrival I presented him to Mr. Earle, who had the kindness to procure him admission into St. Bartholomew's Hospital, to be operated upon publicly.

Three applications of the percuteur were performed before a considerable number of medical gentlemen, and the pupils of the hospital. In the first, the stone was seized and broken. In the second, the portions too large to be voided naturally were reduced into smaller pieces and powder, and the third indicated that there were still a few fragments remaining, but so small, that they could be easily expelled; the instrument was therefore withdrawn without acting upon them. In a few days the remaining pieces were voided, and the patient was perfectly cured, and dismissed from the hospital, with clear and healthy urine, and was able to walk several miles without the least inconvenience. He was sounded by Mr. Earle before he left, and the bladder was found free from stone. To use the patient's own words—"he felt himself twenty years younger than when he came in."

Mr. Oldknow also sounded the patient on his return to Nottingham, and further confirmed his cure.

Case 5.—Mr. ******, a gentleman residing in Hampshire, of a good constitution, and a renowned inamorato of foxhunting, had been unable to follow this active and favourite exercise for several months, on account of the pain and irritation which it occasioned in the bladder and urethra, and the hemorrhage which was sometimes produced. Uneasy, and alarmed at the increased severity of these symptoms, Mr. ***** repaired to London and consulted Mr. Copeland, who discovered a stone in the bladder, and had the kindness to recommend the patient to me.

The urethra and bladder were in good condition, and the stone was about ten lines in diameter. Two short applications of the percuteur, performed in the presence of Mr. Copeland, Mr. Pope, and my pupil Mr. Biggs, sufficed to remove this stone. The patient returned into Hampshire about a fortnight after his arrival in London, and resumed his athletic amusements.

Mr. Copeland and Mr. Pope, conjointly with myself, carefully examined the bladder before Mr. ***** left, and ascertained that no stone remained.

THE LANCET.

London, Saturday, August 31st, 1833.

Until March last we had not examined with particular attention the principles on which the so-styled "self-supporting dispensaries" were established. At that time, however, we investigated the subject with strict deliberation and impartiality, and it certainly occurred to us that we had mastered most of the difficulties which appeared to beset the inquiry. The investigation was not conducted in the spirit of partizanship. The interests of the particular factions were totally disregarded, and we looked only, as was our bounden duty, to the effects which we considered such institutions were calculated to produce, both with respect to the public and the profession.

Previous to March we had, on one or two occasions, judging from the scanty materials then before us, hinted at, rather than expressed, an opinion, unfavourable to self-supporting dispensaries; but believing that the materials on which our judgment was then founded were defective, we refrained from speaking in decisive language, lest we should be in error, thus produce mischief, and, besides, lay ourselves open to a charge both of precipitancy and inaccuracy.

The tendency to interrogation which characterised our remarks, had the fortunate result of eliciting a fund of information from many intelligent correspondents.

Thus fortified on the only possible insecure side of our battery, we opened, as we had thought, not only a successful, but an annihilating fire, on these bastard outworks of the temple of "Charity."

But it would seem that the attachment for these unsightly and pestiferous baubles is not so easily dissipated. The proneness of human nature to persist in error is often demonstrated. An acknowledgment of wrong amounts, obviously, to a confession of a certain degree of incompetency. Yet the disgrace which an adhesion to error involves, is incomparably greater than that which attends the formation and acknowledgment of an erroneous opinion. At first, we were taunted with having spoken with undeserved severity of these dispensaries, although nothing could have been more guarded or dispassionate than was the language in which our sentiments were published. On subsequent occasions we spoke out more boldly, and our justification of a firm tone was furnished by the official reports issued by the conductors of these "charitable" establishments. If we had condemned with severity, in general terms, without reference to documentary evidence, we should have acted unjustly to the governors and subscribers, to our readers, and to the public. Having propounded the question, "What objects do the promoters of these institutions seek to attain?" we sought for a legitimate answer in the *results* presented to our view in the second report of the Derby self-supporting dispensary, and other similar papers. In short, we made it our business to refer to the *actual operations* of the machine, and not to the avowed *expectations* of its manufacturers. We knew, indeed, that the self-supporting dispensaries were *designed* to provide the "best medical attendance" for the really destitute sick,—"to furnish efficient medical aid and occasional cordials and warm clothing to the free members of the institution who were capable of subscribing a certain weekly sum as a partial equivalent for such advantages." Further, the system of farming the sick poor was to be broken up by this new mode of arranging things; and, finally, medical practitioners were to be secured a just reward for whatever services they might render to the poor. Such were the exhilarating promises,—such the bright expectations, held forth! But, alas! how were they realized! Here are the *facts*, issued, indeed, not under any feeling of discomfiture,—not under any apprehension that the results were less fortunate than the expectations were favourable and sanguine,—because the Committee of the Derby self-supporter issued their second annual report with "great self-satisfaction," in consequence of the institution having experienced such "extraordinary success."

Well, then, let us again revert to the circumstances which elicited this feeling of self-satisfaction. There were admitted during the year, 796 persons belonging to the free class, that is, the subscribers of a penny a week, and 638 attached to the charity class, making a total of *fourteen hundred and thirty-four poor patients*. Out of this number there were 23 cases of midwifery. For the cure and relief of the hundreds of diseases thus presented at the infirmary,—for the payment of rents, rates, and taxes,—for the discharge of the druggists' bills,—for the salary of the dispenser and housekeeper, and for the payment of house-keep,—there was subscribed for the free members and honorary governors—how much? Why, £252 10*s*. 3*d*.,—payment in salaries to the seven surgeons and honorary and consulting physicians having amounted to £78 13*s*. 0½*d*. This was the just remuneration for attendance, during one year, on 1434 patients, including the accouchement of 23 women!!

Now if men will have the folly and im-

pertinence to contend that such details exhibit unequivocal proof of the *success* of these establishments, they are unworthy of aught but the contempt which an exposure of their incomparable fool-hardiness is certain of bringing on them.

Here in this very report we have an acknowledgment in the summary of facts, that the dispensary has wholly failed to realize the objects of its designers; yet the documents put forth by the committee with a feeling of "great satisfaction," present one of the most ludicrous falsifications of high-sounding predictions ever witnessed. This, be it remembered, was not one of the institutions in which the working of the self-supporting system was "problematical," the triumph having been signal and complete. Yet, what reward did this extraordinary success bring to the seven surgeons for their vigilant attendance on one thousand four hundred and thirty-four patients? Precisely *seventy-eight pounds thirteen shillings and a halfpenny!* The physician of the establishment choosing to be called an "honorary officer," acted without reward, so the surgeons were sufficiently fortunate to divide the great fund of seventy-eight pounds amongst them. Now if this be *success*, what is *ill success?* For we are utterly at a loss to conceive a clearer example of the *complete failure* of a very foolish scheme.

The resumption of this subject has been almost forced upon us, in consequence of a communication which has been addressed to the poor-law Commissioners by Dr. CALVERT, the physician of the Derby Self-supporting Dispensary. In this address the pretensions of these institutions to public favour, are urged on the attention of the inquirers into the effects and abuses of the poor-laws. This is not the place for commenting on the competency or incompetency of the poor-law Commissioners; but we believe they are about as well acquainted with the poor-laws and their consequences, as is Dr. CALVERT with the success of his self-acting dispensary. How should these commissioners comprehend the subject?—the majority of them, never, to our knowledge, having seen the actual state of the poor in their own habitations,—never having witnessed the vile atrocities committed under the select-vestry system,—never having assisted at the making or at the distribution of a poor-rate,—in short, knowing little more than that the Bishop of LONDON is at their head, and that they themselves are briefless barristers, hired writers, or lecturers (to empty benches) on the odious dogmas of the political economists. But a truce to the commissioners.

Frequently have we had occasion to notice that medical "charities" are, in nine cases out of ten, flagrant jobs. Now it is somewhat curious to remark on this occasion, that Dr. CALVERT, who is advertised as the honorary physician of the Derby Self-supporting Dispensary in 1832, was busily engaged at Althorp, Northamptonshire, in 1831, in addressing letters to the inhabitants of the parishes in that neighbourhood, with a view to explain the immense advantages which would arise from the institution of the "Self-supporting Dispensary Associations;" but as the Doctor, at page 5 of his published pamphlet, declared, "that he was not writing "from interested motives,—that he should "never get one farthing from any dispen-"sary whatever," we are bound to believe him, the more readily, of course, because we find that he is honorary physician of the dispensary at Derby, and thus declined to receive an eighth share of the seventy-eight pounds allotted as a just reward for attendance, during one year, on fourteen hundred patients in a "particularly successful" institution!

We again ask, "Have we poor laws in

England?" When this question is answered, as it must be, in the *affirmative*, we desire to know how it is possible that the "self-supporting dispensaries" can, on the rules laid down, benefit either the parochial poor or the profession. The destitute sick are entitled *by law* to medical aid; and medical practitioners are entitled by law to a just remuneration for whatever services they may confer. True, the farming of the poor is a nuisance,—an evil of grievous weight. But it owes not its existence to statutory enactment, but to a want of an *esprit du corps*,—to the absence of a proper feeling in the profession. As to these "dispensaries," in what respect are they calculated to remove so heavy a burden? In not one. On the contrary, it is acknowledged, in the Derby report, that that portion of the scheme which relates to the parochial medical system had completely failed—a circumstance at which we heartily rejoice; because we know that it is infinitely better for the poor that they should be under the control of one respectable medical man, than that they should be turned over to the honorary committee of a "self-supporting dispensary." A few brief sentences will show the spirit of "charity" and justice in which this *Derby* Dispensary, for instance, was got up. We find, in the rules for the *free* class of members, "that "each adult member shall subscribe one "penny weekly, and each child one half-"penny." The members of the *charity* class are to be entitled to admission "on "presenting a white ticket from the hono-"rary subscribers."

Now observe:—In the rules for the *pauper* class it is stipulated, first, "that "the committee shall have power to con-"tract with the overseers of parishes for "medicine and attendance for paupers, on "such terms, by the year, in respect to "each parish, as any five or more of the "surgeons of the Dispensary shall certify "in writing to the committee to be fair "and reasonable." Secondly, "These "patients are to be sent to the Dispen-"sary with a ticket from the overseer." Thirdly, "The dispenser shall report to "the overseer when they discontinue "their attendance at the Dispensary, and "are fit to return to work." Fourthly, "They are to attend during illness ex-"actly at the times appointed,—are always "to give place to the free and charity "members, either in the consulting-room "or in the Dispensary." Fifthly, "If "cordials, &c., are required for them, they "are to look to their respective overseers; "the dispensary will merely supply them "with drugs and advice." Sixthly, "They "will be attended at their own dwellings, "if severe illness render it necessary."

Such are the charitable regulations for the members of the *pauper* class, who are represented to be "dependent on the labour of others." Here we have evidence enough of shallowness of mind, and of a want of a due comprehension of any one principle of justice. Is it not stipulated in the foregoing rules, that the Committee, with the authority of the surgeons, shall agree with the overseers of parishes to provide on fair and reasonable terms, medicine and attendance for their sick poor? And yet, despite this fair and reasonable remuneration, the paupers who are thus entitled by laws to these privileges, are to give place, as well in the consulting room as elsewhere, both to the charity patients and to the individuals who subscribe one penny weekly. Yet, notwithstanding this favour shown to the free members, we observe, in the report already quoted, that out of the 800 individuals who had subscribed as free members, 330 had ceased to belong to that class in this vastly flourishing and successful institution!

Upon the whole we are inclined to believe, that these "self-supporting dispen-

saries" may be ranked amongst the foremost of our modern medical humbugs. In title they are delusive; in operation they are defective. Inciting as they are to the creation of a new set of harpies to combine with the select vestries and hired overseers, in persecuting infirm labouring men who have a *right* to obtain subsistence out of parochial funds, they cannot be too severely reprobated by the well-intentioned portion of the community; and now that an efficient inquiry into *medical* abuses is about to be instituted before Parliament, we hope that medical practitioners who have opportunities of observing the mischievous tendency and effects of these establishments, will embrace every opportunity of denouncing the "self-supporters" before individual members of the legislature.

About four years since we had the disagreeable duty of announcing a ruffianly assault which had been committed by an hospital surgeon and lecturer, in the theatre of one of our schools of medicine. Guy's Hospital was the scene of that disgraceful outrage. Fortunately, the exposure had the effect of inducing many medical students to shun that institution, and to pursue their studies in other establishments which were regulated by the influence of gentlemanly feelings. In avoiding Guy's Hospital, medical students have proved that they are not insensible of what is due to their characters and their station in society. Had the Governors of Guy's Hospital discharged their duty to the public on that occasion, the lecturer who committed the assault would have been expelled from the establishment; or, at any rate, would have secured his office only by an apologetic atonement to the grossly-insulted and injured party. In this instance the Governors of the hospital *passively* concurred in a violent personal attack on a student. But we have now to advert to an occasion in which the Governors of a hospital,—The London,—have been the active perpetrators of an outrageous invasion of personal and professional rights and privileges. The facts are, briefly, these:—

At the London Hospital there having lately been some trifling convivial irregularities on the part of two or three of the pupils, the managing Committee of Governors were supposed to have spoken of the entire body of students in disrespectful terms. This circumstance happening to come to the knowledge of the pupils, one of them, as a Governor was a few days since passing down the steps, indicated his feelings of wounded pride and disapprobation by slightly hissing. A Committee was summoned, the young gentleman was called in, and this interrogatory put to him from the chair:—"Are "you the gentleman who offered Mr. "Currie, the Governor, an insult. It is "a simple question. Yes, or no?"—Pupil. "Yes, Sir, I am the person, and "cannot deny it."—Chairman. "Very "well, Sir; you may retire."

Very soon afterwards, the pupil was again called in, and thus addressed by the Chairman:—"Sir; it is my painful duty "to inform you that the Committee have "unanimously resolved that you shall no "longer remain a pupil of this establish-"ment."

The gentleman, thus unceremoniously and unwarrantably ejected, entered about six months since to the surgical practice of the hospital for three years, having paid for the same *the sum of sixty guineas*. On that occasion he saw nothing of the governors, knew nothing of them. The compact was made *between him and the surgeons*. Now, on the occurrence of a misunderstanding, a third party steps in; he is expelled from the hospital, (not having yet expended a sixth part of the

time for which had entered), is insulted and has his character attacked, and is minus sixty guineas!

That the money must be returned is certain; but this can scarcely make reparation to the injured feelings of this young gentleman and his family. Surely if this student, without cause, had been maligned by the Governors and the misconduct of other pupils, his giving indication, by slightly hissing, of his sense of the injury, was a very excusable offence. We are anxious to learn what course the medical officers of the London Hospital will adopt in this emergency, but we confidently expect that they will immediately present a strong and determined remonstrance against the harsh and precipitate conduct of the small Committee of Governors.

PARISIAN MEDICAL CONCOURS.

The *concours* for the chair of External Pathology terminated at six o'clock on Saturday, 17th inst., in the nomination of M. GERDY, one of the surgeons of St. Louis. This concours, in which MM. VELPEAU, BLANDIN, and SANSON, of the Hôtel Dieu, particularly distinguished themselves, was conducted with the greatest order, and gave occasion to the exhibition of talents of the highest rank. It has completely effaced any bad feeling which may have been engendered by the corrupt and ill-advised proceedings of the medical jury who appointed M. ROSTAN. The nomination of M. GERDY is the more satisfactory to the friends of the concours, as he is a young man totally independent of any party in the Academy of Sciences, or the Faculty, and was supported solely by a rare combination of knowledge and power of elocution, which drew down the applause of all who heard him. The jury was composed of twelve surgeons, with M. ROUX as a president. On the first scrutiny, there were for GERDY four votes, for VELPEAU and BLANDIN three each, for SANSON two. It then became a question whether MM. VELPEAU or BLANDIN should compete with GERDY in the second scrutiny, and the jury being equally divided on this point, the President gave a casting voice in favour of M. BLANDIN. The contest now lay between the latter and M. GERDY, who was elected by a majority of seven to five.

DEATH OF THE ENCEPHALOUS CHILD.

Academy of Sciences, Paris, Aug. 12.

M. SERRES announced to-day, by letter, the death of the encephalous child which we described in a late Number of THE LANCET. The autopsy was performed with the greatest care by Dr. Solle, surgeon to the hospital of Châlons, and we shall take care to make the results known as soon as they are published; in the meantime we may state, that the encephalous infant was united to its sister by two principal arteries,—one (a continuation of the internal mammary of the left side) furnished the two brachial arteries; the other (which came from the neighbourhood of the cœliac) gave vessels to the pelvic viscera and lower extremities; but what is most extraordinary (if well established), Dr. Solle says he could find no trace whatever of veins in the organization of the monstrous infant.

ST. BARTHOLOMEW'S HOSPITAL.

DISLOCATION OF THE LEFT KNEE, WITH FRACTURE OF THE RIGHT TIBIA AND FIBULA AND LEFT SCAPULA.

JOSEPH MAYALL, aged 42, a carpenter, was brought to the Hospital, August 14th. He stated, that in erecting a large brest-summer, twenty feet long by one foot square, the rope by means of which it was lifted broke, and the beam fell on his back, whilst he was stooping to get a wedge; he was immediately felled to the ground, and at the same instant experienced a severe pain in his left knee and right leg, both of which he then fancied were crushed to pieces. He was immediately conveyed to the Hospital, when, on examination, it was discovered that the tibia on the left side was luxated outwards, so that the external articulating surface of the femur rested on the internal semilunar cartilage of the joint; whilst the pa-

tella, being carried outwards from its attachment to the head of the tibia, lay altogether external to the outer condyle of the femur, and there was a well-marked depression under the internal trochlea of the thigh-bone. The tibia and fibula on the right side were broken, the latter bone having a comminuted fracture; the left shoulder blade was also fractured near its inferior angle. The poor fellow complained sadly of his sufferings, particularly at intervals when he was attacked with spasm of the limbs. Although the appearance of the knee at once disclosed the nature of the accident, yet from the circumstance of its being a rare one, it was deemed advisable to take a cast of it, which was speedily accomplished. The luxation was then reduced by Mr. QUIN, house-surgeon, with the assistance of some other gentlemen. It was effected by gently extending the leg, and pushing the tibia and patella in their proper directions, when the bones resumed, in a great measure, their natural position; this, however, was not altogether obtained, until a spasmodic motion of the muscles completed the adjustment.

The blow, although severe, did not deprive him of consciousness. He says he thinks the knee was dislocated at the moment of the blow, from the violent effort he then made to recover himself, but that the fracture of the leg was occasioned by the weight of the beam which fell on him. He has always enjoyed good health, and has never before been confined by any sickness.

15. Complains to-day of pain in his loins; pulse very little affected by the injury; tongue clean. His bowels not having been acted on, some house physic was administered, which produced the desired effect, since which he has been very comfortable.

20. Is doing very well; pulse and tongue natural; bowels opened by house medicine. Says he has not slept well since his accident, which he attributes to the sudden change from an active life to a state of such perfect rest as he is now compelled to submit to.

DISLOCATION OF THE ELBOW-JOINT.

Aug. 15. James Watts, aged 40, admitted into Pitcairn's Ward, under the care of Mr. EARLE, states, that whilst returning from work he fell on his hand, which was extended to save himself. He immediately felt great pain in the elbow-joint, and an inability to move it. Instant application was made to a surgeon, who attempted its reduction, and asserted that he had succeeded. The want of motion in the joint, and the pain which he experienced, led the patient to entertain a contrary opinion to that of his "doctor," and induced him to apply to this hospital three weeks after the accident, when it was discovered that the ulna was dislocated inwards, and the radius inwards and backwards, and this was complicated with a fracture of the condyle of the humerus, extending into the joint.

Mr. EARLE this day endeavoured to reduce the dislocation, but without success. He made another attempt in the afternoon with pulleys. Steady extension was then kept up for some time, the patient at the same time being bled to faintness; the pulleys were then suddenly relaxed. Mr. EARLE, at the same moment, forcibly flexing the forearm, but without the desired effect. The patient complained of a great deal of pain, and it was determined to make no further attempts at reduction, but to keep the forearm perfectly quiet, and bent as much as possible on the arm; this being the most serviceable position in which the joint could anchylose.

16. Constant pain, severely increased on the slightest motion; cannot rest; 20 leeches were applied to the joint.

18. The pain was somewhat diminished; but he is still deprived of sleep at night. Is ordered a liniment for the arm, and the opium-pill with soap at bed-time.

20. Feels rather easier whilst at rest; sleeps better at night.

ECCHYMOSIS OF THE CONJUNCTIVA; ITS SIMILARITY TO INFLAMMATORY CHEMOSIS, AND THE DIAGNOSTIC MARKS BETWEEN THOSE COMPLAINTS.

Mr. LAWRENCE, on going round the wards on Monday the 9th August, called the attention of his pupils to a case of ecchymosis of the conjunctiva, covering the sclerotic portion of the eyeball. He remarked "that it was an illustration of an affection of the eye, which, in appearance, almost resembled inflammatory chemosis. The principal diagnostic marks, however, were, the absence of the acute pain which attends the latter complaint, its speedy removal on the adoption of proper remedies, and the dark red or liver-coloured aspect which the membrane generally assumes. This appearance resulted from a blow, or other injury, producing sanguineous effusion into the substance of the conjunctiva, which from its loose cellular structure readily admitted of such distention. He had seen some cases of spontaneous or idiopathic ecchymosis of that membrane, which had originated without any violence to the organ, and which he imagined resulted from the rup-

ture of some small bloodvessels in its substance."

Case 1.—George Coventry, whose case had elicited these remarks, is in Rahere's ward. He was admitted August 10th, and states that on Saturday week he fell from a scaffold on his right side, and struck his face. There was some tumefaction of the head, and the right eye presented the appearances above mentioned. Twenty *leeches* were applied near it, with decided benefit; but some pain of the head and eye having come on, with feverish symptoms,

12. He was bled to faintness, and the following mixture was prescribed: one ounce of the *liquor of the acetate of ammonia*, one drachm of *epsom salts*, one drachm of *antimonial wine*, with *camphor julep*. His head was also shaved, and cold water was often applied. These remedies relieved the unpleasant symptoms, and the eye has become somewhat paler, although still very red. For the first few days there was but little sight in the injured organ, but since absorption of the effused blood has in a measure taken place, he has regained the power of distinguishing objects.

20. Complains to-day of some pain in his head, and rather more uneasiness in the eye.

Case 2.—Another man, Wm. Coombe, aged 37, a coachman, now lying in the same ward, fell from his box on August 14th, and was brought to the hospital with a lacerated wound of the left upper eyelid. This case also showed the ecchymosed state of the conjunctiva, which seemed elevated and distended with blood, giving it the liver-coloured appearance of which we have spoken. Very little uneasiness is experienced, and the sight does not appear to be affected. He was ordered twenty *leeches*, to be applied to the injured organ, and twelve grains of the *compound extract of bitter apple*, to clear the primæ viæ.

COMPOUND FRACTURE OF THE LEG, WITH DELIRIUM TREMENS.—DEATH.

Price Evens, ætat. 45, was admitted into Rahere's ward, under the care of Mr. Lawrence. He has been addicted to drinking for the last three or four years, and, latterly, during the moments of intoxication, has given symptoms of mental aberration. On August 11th, he fell from his horse, and was immediately conveyed to this hospital, but he refused to enter it, and was therefore taken home. He was, however, sent on the 14th to Rahere's Ward, when it was discovered that the right tibia and fibula were fractured about three inches above the ancle-joint, and there was a large external wound communicating with the ends of the broken bone. He had been in a state of delirium, and had not slept since the accident. There was a tremulous motion of all his limbs; constant incoherent talking; a wild appearance of the eyes; tongue furred; pulse exceedingly small and weak; and every indication of a fatal sequel to the case. He was secured in bed; the wound dressed, and the leg confined in a fracture-box. One pint of *brandy* daily.

15. Can with difficulty be kept still. Strong broth is ordered, and a *calomel* and *julep* pill to relieve his bowels.

16. Seems rather worse in every respect. One grain of *opium*.

17. On account of the noise he makes, is removed into Watts' Ward. All the unfavourable symptoms have increased; his eyes are sunken and wild; his countenance is fallen; constantly muttering and struggling. It was found necessary to confine his hands in a bag. Take two grains of *opium* every five hours.

19. Has gradually declined; no pulse perceptible at the wrist; subsultus tendinum; tongue covered with a dry hard brown fur; has all the appearance of a dying person. At about one or two p.m. he became more composed, but sunk and died at a quarter past three.

The examination of the body took place at four p.m., on the following day, but in consequence of the hour not having been previously declared, we believe few had an opportunity of witnessing it. We understand, however, that there was a good deal of inflammation of the meninges of the brain as well as of the substance. There was also an effusion into the ventricles, and there was a sloughing appearance of the integuments covering the ends of the fractured bones.

WESTMINSTER HOSPITAL.

EMPYEMA AND PNEUMATHORAX.—FATAL TERMINATION.

William Linsay, ætat. 23, a coach-trimmer, admitted 2nd November, 1832, under Dr. Roe, with a fistulous opening under the left nipple, discharging half a pint of pus daily. He could not lie on the right side. His cough was frequent; respiration 24 per minute; voice hoarse and tremulous, and pulse 130, and irritable. In inspiration the right side moves much more than the left. Measured from the spine to the ensiform cartilage, the left side is an inch less than the right, but it

appears more prominent. On percussion, the right side is dull at its upper third and becomes clear as you descend, but the sound is mixed, partly clear and partly dull. Respiration anteriorly at the upper third is very imperfect, and becomes less audible as you descend. It is imperfect behind, being strong above, full below. When the patient sits up, the left side is very dull behind, but particularly in its lower part. Respiration is heard on the anterior surface of the chest, with large râle and some *tintement*, until you get to the region of the heart. Behind, the breathing is imperfect above, and altogether wanting below; the upper part of the left side is quite cavernous when the patient coughs. He says he has always been temperate in his habits, and that with the exception of a "hacking cough," which he has had for some years, his health has been very good, until about four months ago, when without any cause that he can assign, he was attacked by a violent pain in the whole of the lower part of the left side of the thorax, slight cough without expectoration, and nightly perspirations; but he cannot remember whether his breathing was affected. He was bled twice; 16 leeches and two blisters were applied to the side, and in a few days the pain was relieved, and he went into the country for change of air. No benefit derived. Symptoms returned with night; perspirations and frequent attacks of diarrhœa. A draught of oxymel of squills and syrup of poppies to be taken nightly, and a mixture of

Tinct. of opium half a drachm;
Sulphate of quinine 16 grains;
Camphor julep 8 ounces. Mix. An ounce to be taken three times a day.

13. Discharge profuse and fetid. Perspires very much; pulse 80; a laudanum and chalk draught at bed-time; decoction of Iceland moss to be drunk daily.

16. Gargouillement; large mucose rattle; discharge copious; tongue clean; bowels confined; pulse 100, feeble. Mutton chop, port wine.

19. Appetite improved; discharge still copious.

25. The opening into the sinus was enlarged, and a freer flow of the pus secured.

29. Increase of discharge, which is less offensive. Mutton chops for supper.

Dec. 2. Appearance improved; increase of pain in the seat of injury. Eight leeches to be applied to the side.

10. Warm water is injected into the sinus.

12. Considerable pain and fever, and increase of cough produced by the injection.

January 4. Since the last notation he has steadily continued the use of the quinine; he has become much emaciated. He takes a mixture of iodine, hydriodate of potass, and opium.

12. Discharge from the wound copious and sanious; warm water injections have been used. The left cheek is flushed; the same side very much contracted; great emaciation; tongue red and relaxed; pulse 132, jerking and feeble; bowels relaxed. A sensation of pungent heat arising from the stomach to the throat, accompanied by a disagreeable odour; he sleeps well, however; has no expectoration. Each breathing is marked by a sonorous inflation of the bags of the pleuræ. Throat dry and parched; quantity of pus ejected from the sinus amounts to nearly eight ounces. Wound about an inch in length; respiration audible on the upper phase of the left lung, under the clavicle. Repeat decoct. of Iceland moss and the mixture of iodine, &c.

26. The patient looks better; has much pain of left side; stomach gets tense after eating; acute fever; discharge copious and offensive. Injection of chloruret of lime to be substituted for water; discharge copious and offensive; tongue flabby; pulse 138. To continue the remedies.

29. He has had a tranquil sleep; tongue clean and flabby; bowels open; skin cool; discharge as usual, but not so offensive as before. Injection to be continued. Appetite good, but a sore throat prevents swallowing; throat relaxed; uvula elongated.

30. A remarkable collapse took place in the night. He became nearly insensible; breathing nearly suspended; pulse 146, scarce perceptible; the skin was cold, and bedewed with cold sweat. He recovered under the use of brandy and ammonia. To-day, pulse 140, scarcely perceptible; skin moist and warm; pain of bowels and slight diarrhœa; countenance tranquil.

February 10. After the last paroxysm the respiratory murmur was not heard in the left lung. The energy of the patient's system diminished daily; no remarkable alteration of symptoms took place, and three days ago he expired.

A post-mortem examination was made thirty-six hours after death. The body was generally emaciated. On opening the thorax, the pleural surfaces of both sides were adherent; a considerable quantity of air communicating with the atmosphere, and a quart of sero-purulent matter (in which flakes of lymph were floating), were found in the left pleural

bag. A thick layer of lymph lined this morbid sac. The left lung was collapsed, and closely applied to the side of the vertebral column. The heart and its pericardial bag were pressed to the right of the mediastinum. The structure of the lung was unaltered, but its colour was a little redder than natural, and a few bubbles of air escaped during its incision. On the right side a few pleural adhesions existed, but the lungs were everywhere permeated with air, and crepitated healthily under the fingers when incised. A few tubercles were discovered dispersed at distances through the substance of the organ. The mucous membrane of the bronchial tubes was injected and thickened. The heart was healthy. In the abdomen there was no morbid sign worthy of notice.

CONVEYANCING.—STONE IN THE BLADDER.—LITHOTRIPSY DECLINED.—LITHOTOMY—LACERATION OF RECTUM.—RECOVERY.

August 10th. During the clinical perambulation to-day, Mr. GUTHRIE jocosely charged Mr. C. BROOKE with having "polished" into empty space the hemispheres of a beautiful mulberry calculus, given to him to prepare for the nascent museum of the hospital. This calculus was extracted in January last from the bladder of a little boy by Mr. WHITE. After some inquiry, it appears to have got safely lodged *in the museum of Mr. Guthrie's Ophthalmic Infirmary!!* Under what law of *conveyancing* it has acquired its present local habitation, it might not perhaps be easy to indicate. It is certain that it was not through the instrumentality of Mr. BROOKE, than whom there cannot be a more zealous friend of the Westminster Medical School.

The little boy from whom this calculus was taken, is named James Musgrave, and is twelve years old. He originally presented many features of struma, but since the operation he has acquired a very good colour, and accumulated some fulness of habit. He remained till very recently in the Hospital, and was *examinable* in John's Ward. He was admitted the latter end of December last, with all the symptoms of stone in a severe degree. He was shown to Baron Heurteloup, who declined to "percuss," for reasons best known to himself. The boy was exceedingly timid and restless, and would not quietly bear the introduction of a sound. These were the reasons assigned against practising lithotripsy. With Leroy, however, such reasons are not urgent, for he has published cases in which he has operated upon children of three and four years old. Some other explanation may have been given by the Baron, but it did not reach our ears.

Jan. 19, 1833. Mr. WHITE being determined to perform the lateral operation, had the child brought into the theatre. The boy resisted most strenuously, and protested against the operation. The parents, however, having empowered the surgeon to act according to his own discretion, and the boy's health being very much impaired by the derangement of the urinary system, the patient was mastered, and pinioned *secundum artem*. The usual incisions were perfected in the usual manner with the scalpel and bistouri caché, and the opening into the bladder was made as large as the relation of the parts would allow. All this was effected with perfect ease. The forceps were introduced and the stone seized, but it immediately slipped away. It was laid hold of again and again, and as often escaped, and when a firm grasp was obtained, it was found impracticable to pull it through the wound. Numerous were the attempts made with various forceps, and powerful was the stress applied, but every effort was in vain. At length the rectum was lacerated by the ragged surface of the calculus, and it slid into that gut. The operator now passed the forceps per anum, and took hold of the stone, but every pull *ad se* was resisted by a spontaneous contraction of the rectum, and the stone was driven back again into the bladder. After some further manœuvring, contriving, and striving, the perverse calculus was dislodged. The patient was forty minutes on the table, but he made less resistance than was anticipated. Mr. WHITE, according to his invariable practice, plugged up the aperture into the bladder, "in order to prevent the urine from flowing over the surfaces of the wound, until they shall have been covered with a tunic of protecting lymph." This requires about twelve hours to take place. The boy was allowed a draught of diluted wine, and put to bed. During the operation, Mr. WHITE maintained an unruffled temper, and explained as he proceeded the several difficulties as they arose. He was assisted by Mr. GUTHRIE and Mr. WILLIAM LYNN.

23. The boy has had two restless nights and a restless day. His stools, which are loose, and his urine, pass through the wound. His pulse 135, bounding; tongue dirty; countenance anxious; features much contracted; skin hot and dry; tenderness of the abdomen, to which a dozen leeches are to be applied. Saline diaphoretic medicines.

24. He is very pallid, and rather emaciated. The stools entirely pass through the rent in the rectum, and the urine in a great measure through the wound. Pulse 130, irritable; tongue furred. The skin is dry, but he perspires occasionally. He sleeps tolerably; his appetite is palled; the bowels are open four or five times daily, and the thighs are stained with the feces, which are of a bright yellow colour. A chalk mixture, with opiate confection, is administered at proper intervals.

26. Appetite reviving; countenance less distressed. He is more emaciated; the diarrhœa still exists; the urine and feces still pass through the perineal fissure; pulse 136, irritable. Port wine; astringents and opium.

29. Great irritability and fretfulness; face assuming the hippocratic character; left eye inflamed, and discharging a mucopurulent rheum; bowels less open; stools of good colour, and of atheromatous consistence; pulse 132, small; skin natural; great emaciation. Remedies continued, and a warm Goulard lotion applied to the eye.

In a few days after this last notation, the diarrhœa ceased, and the patient immediately and sensibly improved. The pulse fell, the tongue cleared, the appetite returned, the countenance brightened, the skin became soft, moist, and genial, and his sleep grew light, sound, and refreshing. Some variations, however, occurred in his progress, occasionally amounting to relapses.

February 21. The feces are all expelled per anum, the fissure in the rectum is healed, the urine flows entirely through the urethra. The wound into the bladder is closed, and its external surface is coated with healthy granulations. A catheter is passed daily into the urethra and kept in. He is still a good deal emaciated; his countenance anxious, his appetite capricious, and his pulse 135.

March 1. The external wound is contracting, and bids fair to cicatrize speedily. The catheter produced so much vesical irritation by being kept in the urethra, that it was necessary to discontinue its use. The pulse is natural; his appetite is hearty, and the several functions are kindly and beneficially employed.

Since the last-noted period, the boy's health gradually amended, and in the course of a few months he assumed the hygeienic appearance already described. The calculus is sixteen lines in diameter; it is rough and mammillated; its nucleus is composed of phosphate of lime, and on the superfices are plentiful depositions of the crystallized oxalate of lime.

MEDICAL MACHIAVELISM.

The question is to be discussed next Tuesday at the weekly Board, by the trustees of the Westminster Hospital, "Whether the apothecary shall be allowed a resident pupil or not." The application of this gentleman was made through the treasurer to the last Board, and there was a unanimity of opinion as to the reasonableness of granting his request. It is known that the apothecary of this hospital has more bodily labour than any menial in it. How is it possible then for him to exercise that effective supervision over the establishment which his duty, as an officer, inculcates? There exists, however, a difference of opinion as to the manner in which the assistance should be afforded, whether by simply granting his request, which implies many inconveniences, or by superseding the physician's clinical clerk by an apothecary's pupil, which would be a recurrence to the ancient practice of the hospital.

Formerly the apothecary was allowed, as is well known to the governors, a pupil or apprentice, who was considered one of the household, and who paid for this privilege eighty guineas a year, one half of which went to the charity and the other half to the apothecary. The business of this pupil was exclusively to assist the apothecary, under whose sole control he was. The apothecary was considered as the general medical superintendent of the house, and in the absence of the physicians and surgeons, he was responsible to the Board, from whom only he derived his appointment, for the proper treatment of every case.

Such was the system established, until Dr. Roe became physician to the charity. This gentleman soon found abundant fault with all the existing regulations, but especially with those which affected the *apothecariat*, and succeeded in imbuing a party of the trustees with similar sentiments. Influenced, no doubt, by laudable motives, Dr. Roe and his friends, who were ridiculously called the "Hamiltonian conclave," raised a party against the old laws and standing orders, and finally succeeded in having them revised. A committee, consisting of Mr. Otho Hamilton, Dr. Roe, and Mr. Thomas Alcock, was appointed for the purpose. These lawgivers speedily formed a new code, which was subsequently adopted, without much examination, by the ordinary Boards. This production demands comment. Dr. Roe, as yet a Lazarus in science, and but just received into the Abraham's bosom of the hospital, was stimulated by an ardent zeal for the advancement of the

healing art, and,—as a means to that end, —for the formation of a medical school, of which he was to be the coryphæus. But a school without pupils, is as profitless as a mill without grist; and no student at that time supposed that his money's worth of knowledge could be derived at an establishment so constituted. In this dilemma the conclave adopted the following schemes, of which all must admire, at any rate, the *ingenuity*. The only medical student attached to the hospital was the house pupil of the apothecary, and this prize the innovator secured. "He took the poor man's *lamb*," for an active canvass was thenceforth set on foot, and a suitable board assembled, at which it was resolved that the apothecary should be deprived of his pupil, and that the physicians should be allowed a clinical assistant, to be selected from their own pupils, who was to have free board, and apartments in the house. This was, seemingly, a glorious bait for needy students, but it failed of its effect, for the three clinical assistants Mr. SMITH, Dr. BATTLES, and Dr. NORTON, (personal friends of Dr. ROE,) were transplanted from the Surrey Dispensary; and after that the mendicant office was good-naturedly filled up by two of the surgeons' pupils, Mr. TEBBS and Mr. DINGLE.

The gentleman who filled at this time the situation of apothecary, was of infirm temper, and weak bodily frame. He was, consequently, a person easily influenced, and by his imprudence promoted the success of the plans against him. The new clinical assistant was, of course, a doll in the hands of the physicians, or, more properly, of Dr. ROE, for the seniors took no share in these manœuvres, and merely viewed with that patronizing complacency which marks the intercourse of Fellows with Licentiates, the gambols of their junior colleague. To enable Dr. ROE to ride paramount, it became necessary that his own clinical adjuvant should, in the ward duties, supersede the apothecary who was the independent officer of the board. This was too palpable a purpose to be avowed openly; recourse was therefore had to a little *management*, and the agency of the "revising committee" proved here of especial service. It was determined first to deprive the apothecary of the *virtual* control of the patients, and when the governors should have become reconciled to the actual inefficiency of that officer *in a medical point of view*, it might be safe openly to propose the substitution of the clinical assistant, and to reduce the board's responsible officer to the mere chemist of the hospital. This piece of strategy was conducted in the following manner. In the new regulations the apothecary's shop duties were increased (vexatiously and unnecessarily) to such an extent, that being now deprived of his assistant, it was physically impossible for him to perform effectually the ward duties. Thus the services of the clinical clerk were to be thrown into relief by the unavoidable negligence of the apothecary. This was the first measure. The second measure was to alter the phrascology of the regulation by which the ward duties of the apothecary were deficient, and from a comparison of the altered regulation with the original, it will appear how it was attempted to cast dust into the eyes of the governors, by making it incumbent upon this officer to go twice instead of once into the wards, while his *real* efficiency was altogether destroyed. This alteration was actually made by Dr. ROE's own hand.

The old regulation runs thus:—"He (the apothecary) shall once a-day visit each ward, and respectively *inquire into the condition of each patient*, whether the medicines ordered have been administered, *and with what effect*; and report the same, *if requisite*, to the physician or surgeon." Let us now turn to the new regulations as framed by Dr. ROE:—

"The apothecary shall visit the wards at least twice a-day, for the purpose of inquiring whether each patient has been supplied with and has taken the medicines prescribed." The courteous reader, after a perusal of these paragraphs, will need no key to the intentions with which the several omissions in the latter were effected. The alterations utterly destroy the authority of the apothecary as a medical officer of the charity, and leave it open to the usurpation of Dr. ROE's irresponsible doll. In driving the apothecary from the wards, the Doctor at once removed a proper check upon his power, and a disagreeable observer of his practice.

The senior physicians, being men of fortune and extensive practice, are very little interested in these transactions; but it is vexatious to learn the extent to which they have lent their influence and powers of special pleading in aid of the arrangements of their juniors. In order to diminish the expense incurred by the charity in the maintenance of these assistants, it was pompously and plausibly announced that the physicians would surrender to the board the entrance fee of each pupil who should hold the office, yet it is a fact, that they have never refunded a single fee! The strangers who held the office were required to pay ten guineas to the Board on their installation; but the *bona-fide* pupils who

were elected had to come down with a *second* fee to re'seem the engagements of the physicians. A common sophism used by these gentlemen is, "that the patients were neglected, and the apothecary needed the assistance of a clinical clerk." The reply to this is, "If the patients were neglected by the apothecary from wantonness, he ought to have been dismissed; but if from physical inability, he ought to have been supplied with assistance where assistance was most efficient,—in the dispensary-duties! It was a strange way to *assist* a man by depriving him of his most honourable employment, and requiring him to execute menial manipulations.'

From a consideration of all the circumstances connected with this appointment, it would appear expedient to abolish the office of clinical clerk, and restore to the apothecary his house-pupil; and for the following reasons:—

1. Because the intermediate attendance of an experienced officer must be more beneficial to the patients than that of an inexperienced pupil.

2. Because in order to the due performance of the apothecary's ward-duties, which are most important, it is necessary he should have assistance in the dispensary, and a house-pupil is required for this purpose.

3. Because the ostensible duties of a physician's clinical assistant may be equally well performed, and in all the other hospitals in London are equally well executed, by non-resident pupils.

4. Because it is not expedient that the hospital should be put to expense or inconvenience in order to promote the private views of the physicians.

5. Because the avowed object for which the clinical assistantship was appointed, the *rewarding of meritorious pupils*, has been always lost sight of, and the appointments have been made subservient to the favouritism* of a certain individual.

6. Because the introduction of this officer into the machinery of the hospital, has interfered with its advantageous operation, has subverted the due dependence of responsibility and subordination, and has been otherwise highly detrimental to the interests of the patients.

And what, after all, is the result of all these negociations and intrigues? Shoals of medical pupils? Oh, no! At noon-day if a visitor at the hospital looks sharp, he may see each of these stars with his solitary satellite gliding ghost-and-shadow-like from ward to ward! A solitary two!

* Dr. Barr has had the humility to compete with a pupil, and holds the office at present. *Cui bono?*

ANON.

We select this portion of our Journal to say a few words on the subject of a communication which has come from Westminster, and also been alluded to by our Westminster Hospital correspondent. We received an eloquent article some weeks since from Mr. ORD, of the Broadway, in that scholastic city, and a specimen of whose epistolary style has already appeared in our Journal, in which Mr. ORD disclosed to us that he was animated with a strong desire to honour the memory of JOHN HUNTER, by having a statue of that great man erected in Lincoln's Inn Fields. We declined the communication from reasons sufficiently explained at the time. Our Westminster reporter has since been warmly urging us to publish the letter, which might be regarded as a kind of prospectus. We still, however, decline compliance. Independently of our impression that the mere proposition of such a tribute will effect no good, we must declare that the profound and enigmatical character of the production of Mr. ORD unfits it for our columns. The author is, our reporter affirms, "a very rising man" as a cultivator of obstetric surgery, and so zealous in his vocation, that to him may literally be applied the saying—"LABOR *ipse voluptas*." If also we may judge from his literary *labours*, and the representations of our correspondent, the conjunction of names which forms a prominent line in his communication is incomplete. He modestly alludes to HUNTER, ABERNETHY, and LYNN, only; the preterpast, post, and present stars of surgery, while he has omitted another constituent of the brilliant constellation, ORD, the rising and future culminating star. What a felicitous association do their combined initials manifest! HALO!!! What an illustrious quartette for the Temple of Fame!—Mr. ORD has intimated to us, that Sir CHARLES BELL, G.C.H., F.R.S., is engaged in writing a life of JOHN HUNTER. We recommend Mr. ORD to get Sir CHARLES to notice his proposal in an appendix to the work.

OPHTHALMIC HOSPITAL.

(Charing Cross.)

LIGATURE OF THE COMMON ILIAC ARTERY FOR ANEURISM OF THE GLUTEAL.

A WOMAN, aged 45, was admitted, a short time since, into the above hospital, under the care of Mr. GUTHRIE. She

stated that about fifteen months since she felt a slight uneasiness in the region of the coccyx, which, during the last twelve months, has been of a painful character. In other respects she appeared to enjoy good health, and Mr. GUTHRIE, supposing it to be aneurism of the gluteal artery, determined to tie the internal iliac. Accordingly, on the 24th, he performed this operation, and executed it in the following manner:—He commenced his incision at about one inch on the external side of the umbilicus, and carried it downwards in the course of the linea semilunaris, to the external abdominal ring. This incision divided the integuments. The next step was to divide the different tendons which unite at this point, in doing which he experienced some difficulty. The peritoneum being now exposed, Mr. KEATE, by whom he was assisted, drew the intestines inwards, by which means the operator was enabled to pass his hand backwards and inwards to the artery. But here a fresh difficulty arose. A large tumour in the pelvis (supposed to be the aneurismal) rendered it impossible to tie the internal iliac. Mr. GUTHRIE, therefore, applied the ligature on the common iliac, and thus completed his work. The peritoneum, during the operation, was injured in two or three places. Some time after the operation, the pulse became quick and wiry. The patient was bled twice, which reduced the tendency to peritonitis, and the circulation in the inferior extremity, which at first was much impeded, the limb becoming cold, is now being restored to the natural temperature. The patient at present (Aug. 28th) seems to be in a fair way to recovery. The external wound is healing very well, and the only fear now entertained, is about the coming away of the ligature.

OBITUARIES.—Among the deaths of medical gentlemen who have, in their day, acquired considerable reputation in the profession, we are sorry to have to record that of Dr. DARWALL, of Birmingham, who expired a short time since, in consequence of an injury received a few days previous, while engaged in making a post-mortem examination.—We had written this notice for insertion in our last Number; and have since, we are sorry to say, found occasion to add to it an announcement of the decease of Mr. ALLCOCK, of New Burlington-street, London, who died a few days since, much respected for the extent and variety of his professional acquirements.

MR. WARDROP'S LECTURES ON SURGERY.—The lecturer having, in the admirable lecture published this week, concluded his general remarks on the subject of surgical operations, we think it best to defer the insertion of the next lecture until the earliest week in October, when it will form the first of a series on diseases of the different systems, commencing with the vascular. The first Number of THE LANCET for the two volumes for 1833-4, will be published on the 28th of September, and will contain many pages of important information to medical students.

The letter signed *A Medical Pupil of St. Bartholomew's Hospital, and an Enemy to Ruffianism*, is an amusing document, and ought to be published, were it only for the sport it would afford: nevertheless, it is dangerous to be libellous even in play. We will, however, gratify the taste of our correspondent, if he be not *afraid* to furnish us with his name and address. "Veritas" is known to us, and we believe that he is incapable of making a wilful mistake.

The "INTERCEPTED LETTER" of the eel-backed Baronet reached us too late for insertion in our present number, but it shall appear next week. True enough, the plagiarisms have not escaped our notice.

A portion of the article from St. S.'s, Southwark, shall appear.—So also shall all, or a part, of the letter on the Guthrean prize promise.—We may perhaps publish the note of "Mr. A. Green" in conjunction with an unprofessional advertisement of a professor of King's College.—*One of the aggrieved* shall appear.—*Idem* of the letter of *M. R. C. S.*—*Mr. Wm. Br.* is informed that at present we are provided as fully as we desire in the quarters mentioned.—The letters of *Mr. F. Ward* and *Mr. Bird* are omitted this week from want of space; has Mr. B. any brief additions to make?—*Mr. Bedingfield's* letter shall be inserted.—The very interesting communication from *Dr. Graeme*, in our next.—Mr. Hoskins's letter has reached us.—A letter, by post, in a day or two, for our highly esteemed friend *T.* at *M. L.*

Junius. The institution itself as a Hall of examination for medical practitioners, may be entirely "done away with." It would be profitless under the circumstances to attempt any other reply to the queries.

We will search for *Mr. Wilkins'* case. It has escaped our memory.